

# Neshaminy Employee Wellness

**Fall/Winter 2015-16 [September 1– January 30]**

*Check start dates as some are different and may start early*

## INTRODUCTION

The purpose of the Wellness Activities Program is to make available a variety of activities that substantially contribute to an improved health status for school employees and their spouses.

## WHO'S ELIGIBLE

Open to all Neshaminy employees, family members, retirees and their spouses. We encourage participation of all Neshaminy employees. Please check specific activity for guest registration fees as they may be different.

## PRECAUTIONS

According to the American College of Sports Medicine, "exercise is a safe activity for most individuals. However, it is desirable for adults to have some screening prior to starting an exercise program". We recommend that you obtain clearance from your physician before you start an activity. Read the list of risk criteria on the back page. If any apply to you, consult your physician before starting an activity.

**Complete the registration form and return to Human Resources with complete payment. Make Checks payable to Neshaminy Wellness. A minimum of 12 participants are needed to offer an activity. Some programs are limited.**

**New Programs will be announced throughout the year!**

## Basketball



Maple Point Gym

Tuesday & Thursday 7:00-9:00 PM

Have some fun on the court! Come out and join the fun on Tuesday and Thursday nights. Only one guest per employee. Limit of 8 total guests.

Fee: \$20/fall/winter

Family/friend \$40



Facilitator: Mr. Garber

## Volleyball

Carl Sandburg Middle School

Tuesday 7-9 PM

Have you ever wanted to learn the *real* volleyball game? Let's take it out of the backyard and come enjoy this great game.

Fee: \$20/fall/winter session Family/friend \$40 Facilitator: Sue Wendling

Bring family or friend and enjoy this great game for all

## CIZE and Aqua Zumba

**Please look for flyers for these programs**

**must have enough registrations to run**

CIZE: Wednesday 5:15PM Maple Point Café Start date: October 7

Aqua Zumba: Tuesday: 7:00PM Pool Start date TBD

Fee: \$40.00 per 10 week season

Facilitator: Melissa Gordon

Class will be ongoing, you may join at any time

## Fitness & Exercise Equipment



NHS J Gym—Fitness Center

Monday & Wednesday 6:30-7:30 PM

Includes: 14 Cybex Club Line, 4 Treadmills, 4 Steppers, 4 ARC trainers & Elliptical. Top Quality Equipment!

Fee: \$45.00 for the year

Family/friend \$90.00 per year

Facilitator: Terry Martian

**This program needs the minimum To allow for a facilitator.**



Middle School Fitness Center's

Two Areas:

1st includes: 12 Pacific Club Line weight system, 2 ARC trainers, Life Steppers & Rowers.

2nd includes: Nordic Track, Life Stepper, Spinner Bike, Rower & Multi-station weight unit.

Fee: \$45 for the year

Facilitators:

SMS—Terry Martian, MP—Cheri St Martine

PMS—Nafis Taalib-din,

St. Mary Wellness and Sports Care—

Neshaminy Corporate Membership—receive a discount for corporate rates call 215-710-6860

**Individualized Fitness Program**—have a fitness program designed for your needs and fitness level by professionals at St. Mary Fitness & Wellness Center. Includes: basic screening, development of an individualized program based on your needs.

Instruction and support. Recommended for beginning exercisers. Call St. Mary Fitness Center for details: 215-710-6860



# Neshaminy Employee Wellness

## ► Popular Events!



**GOLF**  
*Tuesday Golf League and  
NEW! Golf Lessons!*

**Our league continues at Middletown Country Club  
Every Tuesday with start times from 2:30 to 4:30  
Call Jan if interested in lessons or play time  
215-809-6562**



**WALKING  
CLUB**



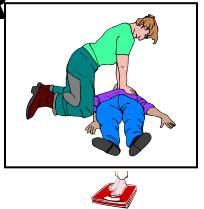
**On your own** at your leisure...  
Lace up those sneakers and get cruising! We're looking for those who like to walk or ride to log their miles as part of the club!  
**Fee: free—just track your miles**

*Watch for our flyers  
As new classes are added*

*Send ideas to Jan  
[jking@neshaminy.k12.pa.us](mailto:jking@neshaminy.k12.pa.us)*

## **First Aid/CPR**

Transportation: If requested  
Tuesday and Thursday 10:00am-11:00am  
Starting: TBA  
This is a Red Cross Certification class.  
Fee: \$TBA 6 sessions/includes materials  
Facilitator: Dan Gallagher



## ► One—Time Special Events!

Deep Sea Fishing Trip



Miniature Golf Tournament  
Spring Golf Tournament and League

Building Challenges



## **Floor Hockey**

Buck Elementary      Tues. 4:30-5:30  
Fee: \$20 for fall/winter/spring  
Family/friend \$ 40      Facilitator: Jim Pecuch

**One of our longest running activities,  
join this great group!**

# Neshaminy Employee Wellness

## Registration Form

Regular vigorous exercise is an important part of a total wellness program. For most people the benefits outweigh the risk. However, it is important to know when special precautions are needed. It is also important to control the frequency and intensity of exercise so that problems are avoided. Ignoring the precautions could result in serious personal injury and even death.

**Please check any of the following which apply to you:**

|  |   |  |   |  |   |
|--|---|--|---|--|---|
|  | Valvular heart disease  |  | A diagnosis of Angina   |  | Arthritis                                 |
|  | Poorly controlled high blood pressure                           |  | Parent/sibling w/ heart condition                                   |  | Blackouts or intermittent vision blurring |
|  | Emphysema or chronic bronchitis                                 |  | Smoking—presently or w/in 5 yrs.                                    |  | High blood pressure—not controlled        |
|  | Dizziness or faintness on exertion                              |  | Muscle Strains  |  | Deformities                               |
|  | Back Problems   |  | Abnormal Electrocardiogram  |  | Diabetes                                  |
|  | Are you age 40 or above and have not been exercising regularly? |  | Is there any reason why vigorous activity might be harmful for you? |  | High cholesterol—270 mg or greater        |

**If you answered yes to any of the above, you should receive medical clearance before participating!**

Participants Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Worksite: \_\_\_\_\_

Job Classification: \_\_\_\_\_

NSD Sponsor: \_\_\_\_\_

**\*\*Email Address:** \_\_\_\_\_

**Complete the following for each activity you register for:**

| Activity     | Location | Days | Time | Fees (Guest Fees) |
|--------------|----------|------|------|-------------------|
|              |          |      |      |                   |
|              |          |      |      |                   |
|              |          |      |      |                   |
| <b>TOTAL</b> |          |      |      |                   |

**All amounts over \$5 must be paid in check form to NESHAMINY WELLNESS.**