**Group Wellness Activity**

Verification Form

Type of group activity:

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| --- |
| Group Wellness Activity Session : 1 2 3 4 5 6 |
| |  | | --- | | \*This is an organized activity with a group that has the potential to improve your health. You must complete six 30-60 minute sessions in a calendar month to earn a wellness activity. | | \*Some examples of activities include instructor led activities at your gym, Jazzercise, Yoga, Organized Run (5k, 10k, half marathon), a group led work out with coworkers. | | | \*If you belong to weight loss group (for example weight watchers) meetings can count as a session. Or any healthy eating classes. | | | \*Total of 3 group activities must be completed. | | |

| Date of Class | Time of Class | Instructor’s Signature |
| --- | --- | --- |
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I verify that I have met the requirements for the group wellness activity for the Santa Fe Trail School District #434 Wellness Program.

Name (Printed):       Date:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Building:

Please return to Trisha Graham, Kristy Markham, Dusty Rolla or Sarah Dehn by the **15th of the following month** to receive credit for activity completed!!!!