



### Program Fee of \$12.00 Includes:

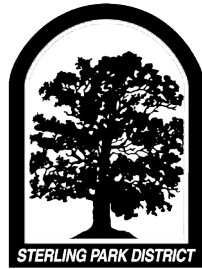
- T-shirt
- Handouts and log forms
- 4 - Group Walks
- 4 - Education Programs
- Pedometer

### Prizes for 2011

- Stainless steel water bottle for the first 150 women to register online
- Cash prize for the team with the most steps
- Prize drawing for teams who turn in step records for all weeks
- Drawing for all WOW walkers who participate in Brad Oncken run/walk on June 5.
- For every "Growing Healthier" program attended earn one entry for \$500.00 prize drawing.

Contact Sherry DeWalt  
(815) 625-0400, ext. 5716  
sdewal@cghmc.com  
for questions about this program.

Put on Your Walking Shoes...  
Let's Get Moving!



UNIVERSITY OF ILLINOIS  
EXTENSION



This activity was made possible by  
Illinois General Revenue Funding  
administered through the  
IL Department of Public Health,  
Office of Women's Health

2011

W.O.W.  
women out walking

Registration  
Form

## What is W.O.W?

W.O.W. is a 10-week walking challenge for women. Participants work together as a team and encourage each other to increase the number of steps taken by their team. At the end of each week, participants report the total number of steps to their team captain. The team captain turns in the steps to the CGH Community Services Department. If you don't have a team, you can sign up individually and we will form teams from those individuals.

Four group walks and four educational programs are included in the 10-week program. Teams must consist of 4 or 5 women and team members must remain the same throughout the program.

### Program Orientation:

***At least one person***

***from each team must attend!***

Thursday, April 14 from 6 to 7 p.m.

(Doors open at 5 p.m.)

Sterling Coliseum

212 3rd Ave., Sterling

### Program Awards and Conclusion:

Tuesday, June 28 from 6 to 7 p.m.

Woodlawn Arts Academy

### **Pre-registration is required.**

Contact Sherry DeWalt at  
(815) 625-0400, ext. 5716 for  
questions about this program.

## W.O.W. Registration Form

Each person must complete a registration form. Teams must consist of 4-5 women. If you do not have a team of at least 4 women, we will assign teams at the orientation meeting on April 14.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_(Day) \_\_\_\_\_(Evening)

E-mail: \_\_\_\_\_

Team Name\*: \_\_\_\_\_

***\*Required - if registering as an individual please write "Individual"***

Who is your team captain?: \_\_\_\_\_

**Registration will be limited to the first 600 women.**

Age:  13-17  18-24  25-34  35-50  51-65  Over 65

How did you hear about the Women Out Walking program?

Newspaper Ad/Article  Flyer  CGH Parish Nursing  Friend  
 Billboard  My Place of Employment  Participated last year  Other: \_\_\_\_\_

As a participant in the Women Out Walking program I understand that participation in this event gives consent for use of my image in photos and publicity. In signing this waiver for myself, or as legal guardian for the named entrant (if entrant is under 18 years of age), I acknowledge that this is a potentially hazardous activity and I am participating in it of my own free will and choice. In signing this form for myself (or for any named participant under the age of 18), I understand and agree to waive and release CGH Medical Center, The Sterling Park District, The Whiteside County Health Department, the University of Illinois Extension-Whiteside County, The Sterling-Rock Falls Family YMCA, and any of the associated groups, agencies or municipalities from all claims and liabilities of any kind arising from my participation in this event. I have read the above waiver and understand its contents.

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

Signature of Parent or Guardian: \_\_\_\_\_

Mail registration form and \$12.00 per person program fee to: CGH Medical Center,  
Community Services Dept., 100 E. LeFevre Rd., Sterling, IL 61081

**Registration forms are due by April 8.**