

Shocker Wellness Challenge Registration Form

Join the Student Health Shocker Wellness Challenge to improve your well-being through healthy activities. Please fill out the registration form below to participate.

Participant Name: _____ Date: _____

WSU ID: _____

Which Residence Hall and Room Number do you live in? _____

Email Address: _____ Phone Number: _____

I understand that to be a participant in the Shocker Wellness Challenge – Housing and Residence Life Edition that: (please initial each item and sign below):

- _____ I must be a currently enrolled WSU student living on-campus; The Flats, The Suites, Shocker Hall.
- _____ I understand participation is voluntary and completing this registration form is my consent.
- _____ I understand that I should consult my doctor before starting any new fitness program.
- _____ I understand that there are multiple wellness options to choose from and not every challenge is for individuals with certain physical limitations or medical conditions.
- _____ I understand that my identifiable and confidential health information will not be shared with anyone and will be maintained within the myShockerhealth patient portal. I understand that Student Health Services recognizes and maintains all HIPAA privacy requirements.
- _____ I understand that not all of the wellness items are free and I am responsible for additional costs.
- _____ I understand that the challenge is for general wellness and not a substitute for professional medical advice or treatment.
- _____ I understand that all challenge items must be submitted to the myShockerhealth portal before April 1, 2026 to meet the requirements and to qualify for the grand prize drawing.

☐ I agree to the terms and conditions of the Student Health Shocker Wellness Challenge.

Print Name _____

Signature: _____ Date: _____

YOU MUST UPLOAD THIS FORM INTO THE MYSHOCKERHEALTH PATIENT PORTAL

WWW.WICHITA.EDU/SHS TO LOG INTO PORTAL.

UPLOAD DIRECTIONS: WWW.WICHITA.EDU/UPLOADHEALTHDOCS



**WICHITA STATE
UNIVERSITY**
STUDENT HEALTH SERVICES

316-978-4792
wichita.edu/shs

@myShockerHealth
 @wsu.shs
 @myShockerHealth