



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EATING WELL PLAYING MORE

ACT! Actively Changing Together



Ready for a healthy change? Looking for ways to help your child eat well and be more active?

ACT! Is a 12 week program for youth 8-14 years and their families promoting healthy nutrition, activity and lifestyle changes. By Actively Changing Together, families develop healthy habits that help everyone.

- One 90 minute group session per week for 12 weeks
- Y family membership to use between weekly sessions
- Each lesson led by trained Y staff
- Parents join the program together with their kids
- Energizing games, activities and light meals
- Referrals are welcome year-round

Program Requirements

- A healthcare provider referral is required to enroll (doctor, registered nurse, registered dietitian or any licensed healthcare provider)
- Youth must have a body mass index (BMI) $\geq 85^{\text{th}}$ percentile
- You and your child's healthcare provider can complete this form and fax it to the Briggs YMCA, 360.753.1897

Contact

Michelle Gipson

360.918.0337

gipsonm@ssymca.net

Program Details

AGE: 8 - 14 years with parent

DATE: September 17 - December 3

DAY: Monday

TIME: 6:00 PM - 7:45 PM

LOCATION: Briggs Community Branch

COST: \$35 per family; includes facility membership during program

REGISTRATION: Opens August 6



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It's time to ACT! In partnership with Seattle Children's Hospital, the YMCA offers ACT! (Actively Changing Together) for youth ages 8-14. Youth must be referred by a healthcare provider and have a BMI \geq 85th percentile. The YMCA will contact interested families after receiving the referral.

Parent completes the following

- I would like to receive information about the ACT! Program
- I am ready to reserve a spot in the ACT! Program

Child name:

Age: _____

Parent/Guardian name:

Preferred contact Phone:

Email address:

How did you find out about ACT!?

Please fill in health information about the child/teen that may impact physical activity and/or nutrition in the program (allergies, illnesses, etc.):

Return this form by fax:

Attn: Michelle Gipson
360.753.1897

Or e-mail:

gipsonm@ssymca.net

Provider completes the following

- I confirm this child/teen is eligible for ACT! with age 8-14 years and BMI \geq 85th percentile for age.
- I confirm this child is physically and emotionally able to participate in group physical activity.

Child height (cm): _____

Weight (kg): _____

Provider name:

Signature:

Date: ____/____/____

Clinic:

Email or Fax:



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