

THE Y'S ACTIVELY CHANGING TOGETHER PROGRAM

Ready to get more play and good food into your child's routine?

Start creating healthy habits with your child that can last a lifetime – through the Y's ACT! program.

The ACT! Program appeals to children and parents alike by providing engaging, fun and unique activities. By actively changing together, parents and kids can learn how to create healthy lifestyle habits as a family.

Specially trained Y staff offer guidance and encouragement for eating well, playing often and preventing health conditions associated with being overweight.

**“I ENJOYED THE PROGRAM
BECAUSE IT HELPED OUR
FAMILY BECOME CLOSER.
WE STARTED EATING
TOGETHER AND TURNED THE
TV OFF AT DINNER.”**

- Luis, ACT! participant

The Y's ACT! PROGRAM IS A COLLABORATION WITH SEATTLE CHILDREN'S HOSPITAL

For more information:

Email healthyliving@ymcaspokane.org
or call 509 777 9622 x 119

Program locations:

North Spokane YMCA
West Central Community Center
Northeast Community Center

EATING WELL PLAYING MORE

**ACT! Actively Changing Together
YMCA OF THE INLAND NORTHWEST**



Seattle Children's
HOSPITAL · RESEARCH · FOUNDATION



Everyone is welcome. Financial assistance is available. The YMCA of the Inland Northwest strengthens communities through youth development, healthy living and social responsibility.

GET IN ON THE ACT

Research has shown that parents are often their children's most important role models. When kids see their parents enjoying healthy foods and being physically active, they are more likely to do the same.

- Office of the Surgeon General, U.S. Dept. of Health and Human Services.

What happens when you ACT?

You and your child enjoy games and activities together like fitness stations, obstacle courses, swimming and dance to build cardiovascular health, strength and flexibility.

You'll also learn about nutrition, meal preparation and ways to make healthy eating the easy choice! Each session includes fixing and enjoying a light meal together.

In this interactive environment, fitness becomes fun and smart eating is celebrated. Healthy living takes route among new friends.

“MY SON’S SELF-ESTEEM IS BETTER AND HIS HEALTH HAS IMPROVED. AND THE PROGRAM GIVES US BONDING TIME.”

- Anne, ACT! Parent

HOW IT WORKS

ACT! is for children ages 8-14 who have a BMI \geq 85th percentile. Program is designed for two age groups (8-11 and 12-14). Not all sessions will provide for both age groups.

Parents join the program together with their kids.

Energizing games, activities and light meals.

ACT! is offered twice a year (Fall and Winter). Referrals are accepted year round.

ACT! includes one 90-minute session per week for 12 weeks and a Y membership to use between sessions.

A nutritionist and physical activity coach lead each session.

Program is offered at no charge but space is limited. Families will interview for an opportunity to participate.

HOW IT TO ENROLL

A health provider referral is required to enroll (may be a MD/DO, RN, RD or any licensed health care provider).

Your health care provider can complete the referral and fax it to your preferred Y branch.

A Y staff member will contact interested families after receiving referral.

FAMILY INFORMATION

Parent completes the following:

- I would like to receive more information about the ACT! program from the program staff before joining.
- I am ready to schedule an interview for the opportunity to participate in the ACT! program for me and my child. I confirm that this child is physically and emotionally able to participate in group physical activity.

Child name _____ Age _____

Parent/Guardian name _____

Preferred contact phone _____

Email address _____

Emergency contact name and phone _____

How did you find out about ACT!/? _____

Preferred location _____

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

PROVIDER REFERRAL

Provider completes the following:

Fax completed form to 509 343 4096 or email to healthyliving@ymcaspokane.org.

- I confirm this child/teen is eligible for ACT! with age 8-14 years and BMI \geq 85th percentile for age.

Child height (cm) _____ Weight (kg) _____

Provider name _____

Signature _____

Date _____

Clinic _____

Email or Fax _____