



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ACT! ACTIVELY CHANGING TOGETHER

EATING WELL. PLAYING MORE.

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 parents promoting healthy nutrition, activity and lifestyles developed in partnership with providers and professionals at Seattle Children's Hospital and the Y of Greater Seattle.

- One 90-minute group session per week for 12 weeks
- Y family membership to use between weekly sessions
- A nutritionist and physical activity coach lead each session
- Parents join the program together with their kids
- Energizing games, activities and light meals
- Offered twice a year (Fall and Winter)
- Referrals are welcome year-round
- Program is designed for two age groups (8-11 and 12-14). Not all sessions will provide for both age groups.
- Program is offered at no charge but space is limited. Families will interview for an opportunity to participate.



READY TO ACT! NOW?

A healthcare provider referral is required to enroll (may be a doctor, registered nurse, registered dietician or any licensed healthcare provider). Youth must have a body mass index (BMI) \geq 85th percentile. You and your child's healthcare provider can complete this form and fax it to your preferred Y branch. The YMCA will contact interested families after receiving the referral.

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.) _____

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

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.

Child height (cm) _____ Weight (kg) _____

Provider name _____

Signature _____

Date _____

Clinic _____

Email or Fax _____

**Fax completed form to 509 343 4096 or
email to dmacdonald@ymcainw.org**

Referrals are welcome year-round for programs starting in the fall and mid winter.

Please call Deborah MacDonald at 509 720 5737 with questions.

Program location:

Hillyard Baptist Church - 2121 E Wabash Ave, Spokane, WA 99207

Generous funding from Group Health Community Benefits allows us to offer this program at no cost. However program space is limited to 15 families per session. As we want to be good stewards of these resources, it is important that families enter at a time in which they can commit to full participation and completion of the 12-week program. A pre-registration interview is required.

