



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?**  
**Youth: Ages 8-14**

ACT! is a 12-week program for youth 8-14 years and their parents promoting healthy nutrition, activity and lifestyles brought to you in partnership through the Whatcom Family YMCA and PeaceHealth St. Joseph Hospital.

- 90-minute group session once 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 & winter)
- Referrals are welcome year-round



### READY TO ACT! NOW?

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 Whatcom Family YMCA, 360-734-8406. The YMCA will contact interested families after receiving the referral.

### Parent completes the following:

- I would like to receive more information about ACT!
- I am ready to reserve a spot in the ACT! program and confirm that this child is physically and emotionally able to participate in group physical activities.

Child's age \_\_\_\_\_  Male  Female

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Preferred contact phone \_\_\_\_\_

Email address \_\_\_\_\_

How did you find out about ACT!/? \_\_\_\_\_

Additional Health Information \_\_\_\_\_

\_\_\_\_\_

### Provider completes the following:

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

Child/Teen Height (cm) \_\_\_\_\_ Weight (kg) \_\_\_\_\_

Provider Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Clinic \_\_\_\_\_

Email or Fax \_\_\_\_\_

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