

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. This program was originally created and tested through a collaboration with Seattle Children's Hospital and the YMCA of Greater Seattle.

“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 8-11 and teens ages 12-14 who have a BMI \geq 85th percentile.

Parents join the program together with their kids.

Energizing games, activities and light meals.

ACT! is offered twice a year (Spring and Fall). 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.

Registration fee: \$30/family (financial assistance is available)

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 reserve a spot in the ACT! program for me and my child/teen and confirm that this child is physically and emotionally able to participate in group physical activity.

Child/Teen name _____ Age _____

Parent/Guardian name _____

Preferred contact phone _____

Email address _____

Emergency contact name and phone _____

How did you find out about ACT!?

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:

Please complete and fax to the participant's preferred Y branch (see above). Fax numbers are listed on the back page.

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

Child/Teen height (cm) _____ Weight (kg) _____

Provider name _____

Signature _____

Date _____

Clinic _____

Email or Fax _____

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 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 CHILDREN'S HOSPITAL

For more information:

Email sbuell@ymcapkc.org or call 253-460-8912.

LAKESWOOD FAMILY YMCA

P 253 584 9622 F 253 589 1240



EATING WELL PLAYING MORE

**ACT! Actively Changing
Together
YMCA OF PIERCE AND KITSAP
COUNTIES**

