



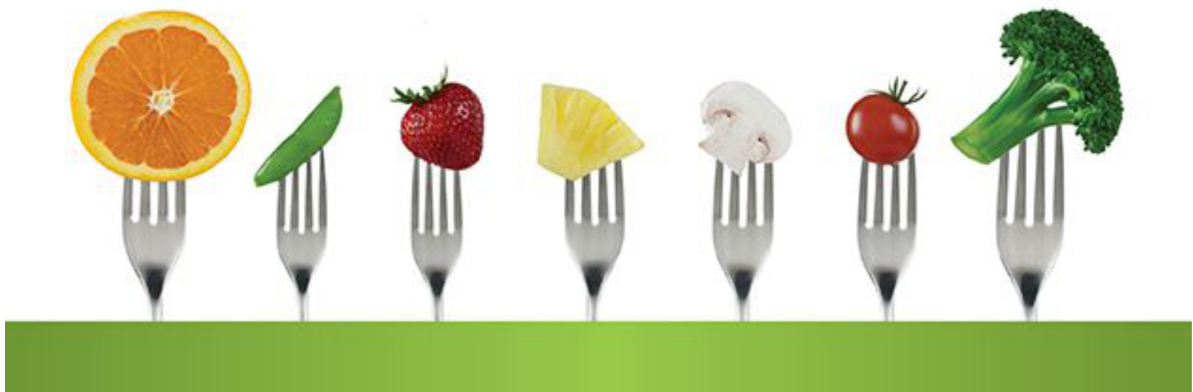
FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



YMCA NUTRITION COUNSELING

Invest in your health with Nutrition Counseling Packages!

Amanda Fearheiley, RDN, LD, cPT is a registered and licensed dietitian with close to 20 years experience. She helps individuals meet their personal health goals through nutritional counseling. Some frequent goals that are set and met include: lose weight and get lean, increase athletic performance, control high blood sugars, high blood pressure or high cholesterol, and feeding a healthy family. During your session you can expect to review your food and activity journal, receive counseling on how to make changes that fit your lifestyle, and set goals that will empower you to become healthier. Amanda is passionate about teaching you nutrition principles that are based on science and facts so that you can achieve positive, long-lasting outcomes.



TWIN LAKES FAMILY YMCA

NUTRITION COUNSELING

- 1 HOUR initial nutrition consultation - \$60 for members, \$70 for nonmembers

- Package of 4 follow up 30 minute sessions \$120 for members/\$150 nonmembers
(we require the 1 hour nutrition consultation prior to the follow up package)

- Package of 8 follow up 30 minute sessions \$220 for members/\$250 nonmembers
(we require the 1 hour nutrition consultation prior to follow up package)

- Package of 12 follow up 30 minute sessions \$315 for members/\$345 nonmembers
(we require the 1 hour nutrition consultation prior to the follow up package)

PARTICIPANTS INFORMATION

NAME _____ YMCA ID# _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ ALT. PHONE _____

EMERGENCY CONTACT NAME _____ PHONE _____

ANY OTHER INFORMATION YOU THINK THE INSTRUCTOR SHOULD KNOW... _____

MEDICAL WAIVER: In the event that I require emergency medical treatment and my emergency contact cannot be reached. I hereby authorize the YMCA staff to make arrangements to transport me to the nearest hospital/emergency medical facility. I give my consent or any and all necessary medical treatment, if, in fact I require the attention of a physician.

WAVIER: I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities including transportation to and from said activities. I further waive, release, absolve, indemnify, and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of YMCA facilities or participation in any YMCA activity whether located on YMCA property or not.

PHOTO RELEASE: I give my consent for pictures taken of myself involved in YMCA programs to be used for future YMCA promotions or display.

REFUND/TRANSFER POLICY: I understand that the YMCA has NO refund policy. Details of the policy are available at the Member Service Desk.

SIGNATURE _____

DATE _____

YMCA STAFF USE ONLY - 18FIT

STAFF NAME	DATE	PAID AMOUNT	PAYMENT VERIFIED BY