HEALTHY HABITS CHALLENGE

GET ON TRACK WITH YOUR HEALTH

This is a NEW 4-week program for tweens and teens to learn how to get and stay healthy! Each week will focus on a different healthy living topic with games, hands-on learning, and a healthy challenge. Healthy "tools" like a pedometer will be provided during the program. Presentations will be made by a Registered Nurse or Dietitian.

Topics:

Session 1:	Take the 5-2-1-0 Challenge!
Session 2:	Portion Distortion
Session 3:	Fun with Exercise
Session 4:	Staying on Track

Age: Youth ages 12-18

When & Where:

Mondays, 4:30-5:30 PM
April 21 - May 12
YMCA of the Blue Water Area

Fee: $5

Registration:

- Complete and mail in the registration form on the back of this flyer to Port Huron Hospital.
- You will be contacted via phone to set up a FREE 60-minute, individual appointment for you and your child with a health professional at Port Huron Hospital.
- At the appointment, you will receive more information about the program, complete your child's health survey and sign up for the next available session at the Y.

For more information:

Port Huron Hospital Diabetes Education
(810) 989-3362

YMCA OF THE BLUE WATER AREA
1525 3rd Street, Port Huron MI 48060
(810) 987-6400 Fax: (810) 987-7251
www.bluewaterymca.com

HEALTHY HABITS CHALLENGE
PORT HURON HOSPITAL & YMCA OF THE BLUE WATER AREA

Mondays, 4:30-5:30 PM
April 21 - May 12, 2014
YMCA of the Blue Water Area
Fee: $5

Please Print Clearly!

Name of Participant _____ **Gender** _____ **Birth Date** ___/___/____

Address _____ **City** _____ **Zip** _____

Special Health Notes _____

Email Address _____ **Phone** _____

Parent/Guardian Name(s) _____ **Phone** _____

Emergency Contact _____ **Relationship** _____ **Phone** _____

School _____ **Hours** _____

Physician Name _____

Total Paid: _____ **Check** ❍ **Cash** ❍

Please send registration form and make checks payable to: **Port Huron Hospital**
ATTN: Diabetes Education
1221 Pine Grove Ave.
Port Huron, MI 48060

AGREEMENT

I hereby certify that I and/or my child is in normal health and capable of safe participation the Healthy Habits Challenge. I assume all risks and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA or Port Huron Hospital to obtain medical treatment for me and/or my child in the event that parent(s)/guardian(s) and the emergency contact cannot be reached.

I support YMCA Youth Sports philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership.

I give permission for my and/or my child's picture to be taken and used in YMCA promotional materials

_____
(Signature) **(Date)**