

Commit to your family's health!



Healthy Kids U has joined the Knox County YMCA to offer a community-based healthy lifestyle program combining exercise with nutrition and behavioral classes.

The 8-week program is designed to help children ages 8-15 and their families. They work with our team – a dietitian and health care professional from OSF HealthCare St. Mary Medical Center and an exercise specialist from the YMCA – to develop healthier habits. Participants also have access to the YMCA's facilities during the duration of the program.

Cost: FREE

Location: Knox County YMCA 1324 W. Carl Sandburg Drive Galesburg, IL

When: Tuesdays from 6-8 p.m., beginning September 24

For more information or to register, call (309) 344-1324

Session 1: September 24

Session 2: October 1

Session 3: October 8

Session 4: October 15

Session 5: October 22

Session 6: October 29

Session 7: November 5

Session 8: November 12

Family Participation is required.



Mark and Jeannette Kleine
Pediatric Wellness Center



Healthy Kids U in Galesburg is made possible by OSF HealthCare Children's Hospital of Illinois, The Mark and Jeanette Kleine Pediatric Wellness Center, and the Knox County YMCA.

Healthy Kids U Eligibility and Referral Information

"5-2-1-0 Healthy NH" is a statewide public education campaign to bring awareness to daily recommendations for nutrition and physical activity. Its message is simple and clear and represents some of the most important steps families can take to prevent childhood obesity:



Fruits and vegetables...more matters! Eat fruits and vegetables at least 5 times a day. Limit 100% fruit juice.



Cut screen time to 2 hours or less a day.



Participate in at least one hour of moderate to vigorous physical activity every day.



Restrict soda and sugar-sweetened sports and fruit drinks. Drink water and fat-free/skim or 1% milk instead.

Any child between the ages of 8 – 15 that display more or less than the recommendations provided by the state wide public education campaign would benefit from our Healthy Kids U Program.

If interested, please complete and sign the attached event registration and waiver form and send to Sheila Cruz at the YMCA via email or fax. If you have any additional questions, please feel free to contact Sheila Cruz for more information.

YMCA Email: scruz@knoxymca.org

YMCA Fax: 309-344-3023

Phone: 309-344-1324

OSF HEALTHCARE CHILDREN'S HOSPITAL OF ILLINOIS

Event Registration and Waiver

1. Participants are advised to check with their doctors before participating in a strenuous activity.
2. Participants are advised to have their own medical insurance to cover injuries or accidents.

I, *(please print name)* _____, acknowledge that participation in this activity is potentially hazardous for me and my child or children. I and my child or children will not participate unless physically able and properly trained. Further, I agree that I and my child or children will abide by any decision of the officials relative to my and my child's or children's ability to participate.

I and my child or children hereby agree to abide by the rules and regulations governing this activity and elect to participate at my and my child's or children's own risk, and in consideration for being allowed to participate, do hereby release and discharge Children's Hospital of Illinois, its assignees, officers, agents, employees, and officials and their successors from any and all liability (including death) that may be received by me and my child or children and from all claims and demands to personal property growing out of or resulting from my and my child's or children's participation in this event except where the same is caused by the willful misconduct of the foregoing. I further certify that my and my child's or children's physical condition will enable me and my child or children to participate in this event.

I grant full permission to the sponsors, organizers and affiliates to use my and my child's or children's name, photographs or any other record of participation in this event for pictures in any broadcast, telecast or any other written account of the event for publicity purposes, without compensation or remuneration.

Event: _____ **Date:** _____

1. Participant's Name: _____ Age: _____ Birth Date: _____ Sex: _____

Participant's Signature: _____

2. Participant's Name: _____ Age: _____ Birth Date: _____ Sex: _____

Participant's Signature: _____

3. Participant's Name: _____ Age: _____ Birth Date: _____ Sex: _____

Participant's Signature: _____

For Minors *(participants under 18 years old)*:

I give my permission for my child or children, _____, to participate in this Children's Hospital of Illinois event.

Parent's/Legal Guardian's Name *(print)*: _____

Parent's/Legal Guardian's Signature: _____

Parent's/Legal Guardian's Phone Number: _____

