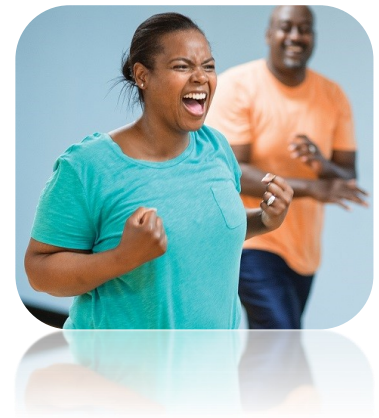




FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# GET MOVING GET MOTIVATED GET WELL

**Education Program, Kerasotes Branch**  
**MOVE INTO WELLNESS**  
**January 8 – February 15**



**DOWNTOWN – M/W 6:30 –7:30 p.m.**

**KERASOTES – T/TH 6:30–7:30 p.m.**

Sometimes hitting the gym floor can be daunting if you are a beginner, or if you need a refresher course in basic fitness. This is where move into wellness coaching program can help. Move into wellness coaching program is a six-week program where you can receive support, guidance, and personalized attention with the added support of being in a like-minded group. You will learn basic information on nutrition and have access to the YMCA’s expert trainers who are there to guide, support, and educate you as you build a solid foundation of fitness into your life, and help empower you to go in alone when you are ready. Groups are capped at eight participants and are one hour sessions held twice a week and help empower you to go in it alone. As you make small changes that will last a lifetime! Jumpstart your journey today!

**Register NOW!!!**

\$55 Members All fees nonrefundable.

Must be 14 + to participate

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home# \_\_\_\_\_ Cell # \_\_\_\_\_ Work# \_\_\_\_\_

Email \_\_\_\_\_ Emergency Contact \_\_\_\_\_

I would like to make a gift to help a child participate in YMCA programs. I am adding \$\_\_\_\_\_ to my Move Into Wellness registration for the YMCA Strong Kids Scholarship Fund. All gifts are tax deductible.

I hereby register for Move Into Wellness. I allow the YMCA to seek emergency care for me if required. I also grant the YMCA permission to use photographs of me in promotional materials such as brochures, ads, website or newspaper releases. I will not be informed or reimbursed for such photographs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

CONTACT:  
CINDY JORDAN  
217.679.1625 Ext. 183  
cjordan@springfieldymca.org

OFFICE USE ONLY: SE18  
Amount Paid \_\_\_\_\_  
Date \_\_\_\_\_ Staff \_\_\_\_\_