

YHEALTH & FITNESS™

We build strong kids, strong families, strong communities.



TOTAL BODY MAKEOVER

This 10-week “Total Body Makeover” program has all the ingredients to help you succeed in transforming your body, inside and out. And with a fabulous prize waiting to be won, you have nothing to lose...except for inches!

Compete with YMCA Members and *Non-Members to achieve the greatest results in the “Total Body Makeover” program. Everyone will receive the benefits listed below unless noted otherwise. **Workouts are on your own**.....resources will be provided to guide you to success. One male and one female grand prize winner will be chosen based on: total weight loss, change in body composition, number of workouts completed, measurements and more.

Program benefits include:

Pre-Fitness Evaluation: to measure your starting point; completed the week prior to the start of the program

Exercise Programming consultation: one-time one on one meeting with an Exercise Specialist to receive a specialized fitness program for the 10 weeks.

Equipment Orientations: learn how to use the cardio and strength training equipment of your choice to get the most out of your workouts (Members only)

Nutrition Programming consultation: dietary analysis and guidance on a nutrition plan (one meeting)

Check in point: midway through the program we will check in with you to see your progress and assist you with your needs

Post-Fitness Evaluation: to measure your success and determine grand prize winner; completed the week following the program

Grand Prize: three YMCA Personal Training sessions (valued at \$105)

For Session Dates please contact:

Cooper, Amy, 323-6407, ashanahan@ymcalincoln.org

Downtown, Karla, 434-9238, kHUDSON@ymcalincoln.org

Northeast, Michelle, 434-9257, mkiddoo@ymcalincoln.org

Session Fees/Deadlines ...	Early Registration, TBA	Members, \$50	Non-Members, \$100
	Deadline,	TBA	Members, \$55 Non-Members, \$105
	Late Registration,	TBA	Members, \$60 Non-Members, \$110

*Non-Members will receive benefits listed with the exception of the equipment orientations.
Non-Members will not be allowed use of facility other than the above benefits (workouts are on your own).

Pre- and Post-Fitness Evaluations include: measurements of body weight, body composition, hip/waist measurements (hips for women and waist for men), strength, endurance, and flexibility.

Grand Prize information:

Grand Prize winners will be chosen based on the results achieved measured in the post-fitness evaluation compared to the pre-fitness evaluation. (Sessions must be used within three months of conclusion of program, package is non-transferable.)

One male will win the following prize:
Three Personal Training sessions (\$105 value)

One female will win the following prize:
Three Personal Training sessions (\$105 value)

Other benefits include:

- Log your workouts online
- Daily eating log
- Help with setting your goals and achieving them
- A "how to succeed packet"
- Motivation from YMCA Staff and peers
- Support from your YMCA Staff
- And more!

REGISTRATION FOR TOTAL BODY MAKEOVER

Name _____ Gender _____

E-mail _____ Phone _____

Address _____ City _____ Zip _____

Check one: Member _____ Non-Member _____ Amount Paid _____ Date _____

Best days and times for appointments: _____

How did you find out about this program? _____

Please fill out the three-day food diary on attached sheet (must be turned in with registration).

Total Body Makeover 3-Day Food Diary

Name: _____ Age: _____ Height: _____ Phone: _____

Choose one: male female female pregnant female breastfeeding

Amount of activity completed most days (choose one):

Less than 30 minutes 30-60 minutes More than 60 minutes

Current Weight: _____ Goal Weight: _____ E-mail _____

Highest weight as an adult and at what age? _____

Lowest weight as an adult and at what age? _____

Have you ever been at your goal weight? _____ If yes, when and for how long? _____

Please list any pertinent family or personal weight management history or issues: _____

Women only: Do you menstruate monthly? Yes No

Identify one question you would like answered or one subject you would like to discuss in your nutrition consultation.

Do you have any nutrition-related goals? Explain. _____

Please record 3 day food diary on reverse. Include items and amounts of everything consumed, be as specific as possible. Include all food, beverages, water, multi-vitamins and any other supplements. If possible include at least one weekday and one weekend day.

Day of the week: _____ Date: _____

