



Nutrition

Winter 2011

Contact Information

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Nutrition Programming

Sign up today to meet one-on-one with a YMCA Nutrition Specialist for a nutrition analysis!

Session Dates

Flexible scheduling available, by appointment only.

Time

Sessions are one hour in length.

Fees

Y Member	\$30 for initial consultation \$15 for follow up consultations
Y Non-Member	Not available

Program Description

Meet with a YMCA Nutrition Specialist for your dietary needs. The nutrition analysis includes a computerized dietary recall evaluation and a consultation to discuss recommendations, questions and concerns regarding dietary habits. Additional services include menu planning and additional days of diet recall analysis.

Registration Information

Lincoln YMCA Refund Policy

A requested refund 2 business days prior to the start of any activity or class will be issued as 100% credit. After that a 50% credit will be issued prior to the start date of the activity. After the start of the class, no refunds will be given. If the YMCA cancels a class or program there will be a full refund.

Registration

Complete the Nutrition Program Registration and 3-Day Food Dietary Recall on the inside of this flyer. Return these, with payment to the Service Center/Front Desk at the Cooper Y. Upon registration and payment, a Nutrition Specialist will contact you via telephone to set up a consultation time.

Photo/Video Disclosure Statement

The YMCA of Lincoln, Nebraska may on occasion take photographs and/or video of its members or program participants for use in print materials or by electronic methods. Your entry into YMCA facilities, participation in YMCA programs or participation in YMCA events grants permission for the YMCA of Lincoln, Nebraska to use these photographs and/or video in its marketing and public relations efforts.

Cooper Y

Nutrition Programming Registration

Name _____ Phone _____ Date _____

Address _____ City _____ Zip _____

Email _____ Birthdate _____ Age _____

Height _____ Weight _____ Gender male female female pregnant female breastfeeding

Best Days/Times for Appointment _____

What specific questions would you like answered during your consultation? _____

What are your nutrition goals? _____

What medical concerns, if any, do you have at the present time? _____

List any prescribed, over-the-counter, herbal, or vitamin/mineral supplements you take _____

Do you follow a special dietary plan, such as kosher or vegetarian? Yes No

If yes, please explain _____

I (YMCA Member) _____ agree to pay in advance for all YMCA Nutrition Programming sessions. I will be in attendance of all scheduled sessions and will give twenty-four hours notice to my Specialist if I will be unable to attend a session. If I fail to provide appropriate notice I understand I forfeit the fee I paid for that session. I understand the YMCA refund policy for all programs and classes.

Date _____ Signature _____

Number of sessions purchased _____ Total Paid \$ _____

YMCA Staff: Please receipt and return to the Health and Wellness Director

Cooper

6767 S. 14th Street
Lincoln, NE 68512
(402) 323-6400

Downtown

1039 P Street
Lincoln, NE 68508
(402) 434-9230

Fallbrook

700 Penrose Drive
Lincoln, NE 68521
(402) 323-6444

Northeast

2601 N. 70th Street
Lincoln, NE 68507
(402) 434-9262

Youth Sports

570 Fallbrook Blvd., # 210
Lincoln, NE 68521
(402) 434-9217

Camp Kitaki

570 Fallbrook Blvd., #210
Lincoln, NE 68521
(402) 434-9225

