Day 2

Food/Beverage/Supplement	Brand Name (If Known)	Amount (in cups, tablespoons, pieces, etc.)
Day 3		

Nutrition
2012

Contact Information
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Downtown Y

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	$60 for initial consultation $30 for follow up consultations

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 Front Desk at the Downtown 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.

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

3-Day Food Dietary Recall

Please record all foods, beverages and supplements that you consume over a three day period. Please include at least one weekend day. Be as specific as possible when listing the items and amounts.

Day 1

Food/Beverage/Supplement	Brand Name (If Known)	Amount (in cups, tablespoons, pieces, etc.)