YMCA WEIGHT LOSS PROGRAM
FREE TO MEMBERS

Learn how to eat healthier, move more, and lose weight with the YMCA’s Weight Loss Program. No gimmicks, no restrictive approaches — just the tools you need to achieve your wellness goals.

This program will provide strategies to incorporate nutrition and physical activity into your lifestyle, keep you motivated, and address the obstacles and pitfalls that make losing weight, and keeping it off, such a challenge. You’ll meet weekly with a small group for one hour in a classroom. This supportive network will help when the going gets tough and celebrate success along the way.

Join today and get started on creating lasting change!

DETAILS:
1. 12 weeks / 1 session a week
2. For adults 18 years or older
3. Free for YMCA members

WHY THE Y WEIGHT LOSS PROGRAM?
1. It’s Empowering. We give you the tools to design weight loss goals that will work for you.
2. It’s Supportive. We harness the power of the group to support, encourage, learn, and solve problems.
3. It’s Personal. We help you define what success looks like.

AVAILABLE CLASSES
Mondays, 9:00am – starting 9/23
(Meets on 9/23, 9/30, 10/7, 10/28, 11/4, 11/11, 11/18, 11/25, 12/2, 12/9, 12/16, 12/23)
Thursdays, 6:30pm – starting 9/26
(Meets on 9/26, 10/3, 10/10, 10/17, 10/24, 10/31, 11/7, 11/14, 11/21, 12/5, 12/12, 12/19)
Location: Conference Room

Register at the Membership Office or
For more information, contact Shelby Conn at
sconn@ymcanyc.org or 718-551-9357

New York City’s YMCA
ymcany.org
WEIGHT LOSS PROGRAM
ENROLLMENT FORM

Today’s date: / / 

First name: ___________________________ Last name: ___________________________

Date of birth: / / 

Gender: ___________________________

Email address: ___________________________

Race:

☐ White or Caucasian
☐ Black or African American
☐ American Indian or Alaska Native
☐ Other (please specify):

☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Other (please specify):

Are you of Hispanic, Latino(a), or Spanish origin? ☐ Yes ☐ No

Highest educational or professional degree earned:

☐ Less than high school
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☐ Associate degree (junior college)
☐ Bachelor’s degree

☐ Master’s degree
☐ Doctorate
☐ Professional (MD, JD, DDS, etc.)
☐ Other (please specify):

Score each statement, using the following scale:
5 – Strongly Agree, 4 – Agree, 3 – Neutral, 2 – Disagree, 1 – Strongly Disagree

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I acknowledge data from this program will be collected by the local YMCA and may be shared with YMCA of the USA for purposes of evaluating and improving the Weight Loss Program. I authorize and acknowledge that I have read, understand, and agree to the above.

Participant Name (Print) ___________________________ Participant Signature ___________________________ Date ___________________________

For Y Staff: Member & Group Details

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