



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Clinician:

_____ is eligible for enrollment in YMCA Healthy Weight and Your Child (HWYC).

HWYC is an evidence-based lifestyle change intervention to address childhood obesity for children (ages 7-13), with a body mass index of 95th percentile or higher and their families. This weight-management program focuses on nutrition education and physical activity to encourage healthier eating habits and an active lifestyle to achieve a healthy weight.

By completing the form below, you are not assuming any responsibility for our administration of the moderate and vigorous physical activity components of the program. If you know of any medical or other reasons why participation in the YMCA HWYC by the child would be ill-advised, please indicate so on this form.

If you have any questions about the YMCA HWYC, or wish to enroll a child, please contact the program coordinator, Kelli DeLong, at

Phone: (855) 278-6836

Email: kdelong@muskegonymca.org

Fax: (231) 525.2890

Our fax line is secure and complies with HIPAA regulations.

Report of Clinician

I know of no reason why the child may not participate

I know the child can participant, but urge caution because:

The child should not engage in: _____

I recommend the child NOT participate

Clinician signature _____ Date _____

Name (printed) _____

Address _____ Telephone _____

City and State _____ Zip _____