



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LIVESTRONG at the YMCA Overview

About *LIVESTRONG at the YMCA*

LIVESTRONG at the YMCA is a group program designed for adult cancer survivors to promote physical activity and well-being. This program fulfills the important need of supporting the increasing number of cancer survivors who find themselves in the transitional period between completing their cancer treatment and the shift to feeling physically and emotionally strong enough to attempt to return to their normal life or their "new normal." The program is conducted outside of medical facilities to emphasize that *LIVESTRONG at the YMCA* is about health, not disease.

Program Goals

We want to help you reach your individual holistic and health goals. Our goal is to help participants build muscle mass and muscle strength, increase flexibility and endurance, and improve functional ability. The program also aims to reduce the severity of therapy side effects, prevent unwanted weight changes, and improve energy levels and self esteem. We will assist participants in developing individual physical fitness programs to continue practicing a healthy lifestyle, not only as part of recovery, but as a way of life. In addition to the physical benefits, we will provide a supportive environment and community of fellow survivors, YMCA staff and members.

Timing

The Jerry Long Family YMCA will conduct the *LIVESTRONG at the YMCA* program on Tuesdays/Thursdays from 1:30-3:00 p.m. The session of the 14-week program will begin on Tuesday, October 18th.

The William G. White, Jr. Family YMCA will conduct the *LIVESTRONG at the YMCA* program on Mondays/Wednesdays from 9:30-11:00 a.m. The session of the 14-week program will begin on Monday, November 7.

How to Participate

The William G. White, Jr. Family YMCA and Jerry Long Family YMCA are currently recruiting participants for our *LIVESTRONG at the YMCA* program through medical referral. Our community partners at Novant Medical Center and Wake Forest Baptist Medical are actively seeking interested participants.

To enroll in the *LIVESTRONG at the YMCA* program, please work with your physician to fill out the *LIVESTRONG at the YMCA* Medical Referral form and return to either Jerry Long Family YMCA or William G. White, Jr. Family YMCA, depending on your preference. Once selected, you will be contacted by the branch Wellness Director.

If you have any questions, please contact:

Jennifer Johnson, Wellness Director
Jerry Long Family YMCA
336.712.2000

Luke Harris, Wellness Director
William G. White, Jr. Family YMCA
336.721.2100

YMCA OF NORTHWEST NORTH CAROLINA

301 N Main Street, Suite 1900 Winston-Salem NC 27101

P 336 777 8055 F 336 777 6345 www.ymcanwnc.org A United Way Agency

Our Mission: "Helping people reach their God-given potential in spirit, mind and body."



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LIVESTRONG at the YMCA Referral Form

About *LIVESTRONG at the YMCA*

The *LIVESTRONG at the YMCA* Cancer Survivorship program at the Jerry Long Family YMCA or William G. White, Jr. Family YMCA is a program designed for adult cancer survivors who have recently become de-conditioned or chronically fatigued from their treatment and/or disease. The program includes cardiovascular conditioning, strength training, balance, and flexibility activities in a small group setting. A specific, individualized exercise program will be created for the participant based on needs, interests, and any recommendations from the participant's health care provider.

By completing the form below, you are not assuming any responsibility for our administration of the exercise program. If you know of any medical or additional reasons why participation in the *LIVESTRONG at the YMCA* program by the applicant would be unwise, please indicate on this form.

This 14-week course includes two classes per week, each lasting an hour and fifteen minutes. Each participant will receive a full household membership throughout the duration of the program. We would like each participant to attend at least 80% of the classes. Please check the Y that is most convenient for you below and mail or fax this release form to the below contact:

Jennifer Johnson, Wellness Director
Jerry Long Family YMCA
Tuesday's and Thursday's 1:30 – 3:00 PM
1150 S. Peace Haven Rd.
Clemmons, NC 27012
336.712.2000 phone
336.712.2005 fax
j.johnson@ymcanwnc.org

Luke Harris, Wellness Director
William G. White, Jr. Family YMCA
Monday's and Wednesday's 9:30 – 11:00 AM
775 West End Blvd.
Winston-Salem, NC 27101
336.721.2100 phone
336.721.2106 fax
l.harris@ymcanwnc.org

To be completed by physician (please select one):

- I believe the participant will be able to participate and complete this course at this time. I know no reason why the participant may not participate. (Please list any limitations below*)
- I believe the participant can participate but may have limitations or may miss classes due to (circle one):
1. Severity of disease 2. Co-morbidities (Please list below*)
- I believe the applicant should defer this course until completion of therapy.
- I recommend that the applicant NOT participate in the program.

*The applicant should not engage in the following activities, please be specific (use back if necessary):

Name of patient participant: _____

Physician Signature: _____ Date: _____

Phone: _____ Fax: _____ Email: _____

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LIVESTRONG® AT THE YMCA

We would like to thank you for participating in the **LIVESTRONG** at the YMCA program. Our mission at the YMCA is to, "Help people reach their God-given potential in spirit, mind and body" while we inspire and empower people affected by cancer in our **LIVESTRONG** at the YMCA program. With this in mind, we would like to contact you in the future to determine if there are additional ways we can support you.

By supplying your information and signature below, you are providing the YMCA and **LIVESTRONG** consent to contact you.

If you have any questions, feel free to contact your local YMCA (Jerry Long Family YMCA 336.712.2000 or William G. White, Jr. Family YMCA 336.721.2100) or **LIVESTRONG** at 866.235.7205.

PLEASE PRINT PARTICIPANT INFORMATION BELOW

First Name: _____ **Last Name:** _____ **DOB** ___/___/___ **Male Female**
(Circle one)

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____

Email Address: _____

Type of Cancer Diagnosed: _____ **Date of Diagnosis:** _____

When was your last treatment? _____

Signature: _____

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