



# LEVEL UP YOUR HEALTH NUTRITION COACHING

**Achieve Your Health Goals With Personalized Support**

**At the Alamance County YMCA, we believe in the power of community to support healthy living.**

Our nutrition coaching program provides a supportive environment where you can connect with a trained nutrition coach to help you achieve your health goals. Our coaches will empower you to make sustainable changes and build healthy habits for life.

Register for a nutrition coaching session by completing the back of this form.

**Pricing:** \$35/session for members  
\$45/session for nonmembers

Sessions are 30 minutes.

**Questions? Contact Peyton James at [pjames@acymca.org](mailto:pjames@acymca.org)**

# NUTRITION COACHING INTEREST FORM

CURRENT MEMBER? YES NO

NAME \_\_\_\_\_ MEMBER NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

Session Type	YMCA Member	Non-Member	# OF SESSIONS
30 Min. Session	\$35	\$45	

What are your immediate and long-term goals? \_\_\_\_\_

Why have you decided to seek Nutrition Coaching? \_\_\_\_\_

Please list some foods that are a staple in your current diet: \_\_\_\_\_

Are there any health conditions or risks that you are experiencing? \_\_\_\_\_

Please list any food allergies or preferences you may have: \_\_\_\_\_

ARE YOU OPEN TO VIRTUAL SESSIONS? YES NO

## SELECT TIME & DATE PREFERENCE (CIRCLE ALL THAT APPLY)

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY  
EARLY AM (5:00AM-7:00AM) AM (7:00AM-11:00AM) AFTERNOON (11:00AM-4:00PM) PM (4:00PM-7:00PM) EVENINGS (7:00PM-9:00PM)

**SESSION EXPIRATION POLICY:** I understand that all sessions purchased on this transaction will expire one year from date of purchase.

**REFUND/TRANSFER POLICY:** I understand that the YMCA has a no refund policy. I understand there is a 24 hour cancelation policy. This policy states if I do not cancel my appointment within 24 hours then I will still be charged for the appointment. I also understand that sessions purchased will expire one year from the date of purchase. Details of the policy are available at the Member Services Desk.

**MEDICAL WAIVER:** In the event that I require emergency medical treatment and my emergency contact cannot be reached, I hereby authorize the YMCA Staff to make arrangements to transport me to the nearest hospital/emergency medical facility. I give my consent for any and all necessary medical treatment, if, in fact I require the attention of a physician.

**WAVIER:** I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities including transportation to and from said activities. I further waive, release, absolve, indemnify, and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of YMCA facilities or participation in any YMCA activity whether located on YMCA property or not.

**PHOTO RELEASE:** I give my consent for pictures taken of myself involved in YMCA programs to be used for future YMCA promotions or display.

**REFUND/TRANSFER POLICY:** I understand that the YMCA has no refund policy. Details of the policy are available at the Member Services Desk.

**I AGREE THAT I HAVE READ THE INFORMATION ABOVE:**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**please allow 24-48 hours for processing**

## YMCA STAFF ONLY

STAFF NAME \_\_\_\_\_ DATE \_\_\_\_\_ PAID AMOUNT \_\_\_\_\_ PAYMENT VERIFIED BY \_\_\_\_\_

**PLEASE SCAN AND EMAIL REG FORM AT TIME OF PURCHASE <pjames@acymca.org>**