Our Mission:
The mission of Fit.Family is to focus on families, as a unit, getting fit together! Our program is designed to help a family create a sustaining blueprint for change. Twice per week for 8-12 weeks (each family is different and has different needs), each family will be paired with a coach who will not only introduce them to many types of fitness opportunities, but will engage them in conversations about eating, changing behaviors and supporting one another. There will be homework assignments that test and strengthen them, appropriately building in difficulty and skill level as they advance. A cornerstone of our program is Cognitive Behavioral Therapy, as it is known that our thoughts and feelings play a fundamental role in our behaviors. Each family will participate in Cognitive Behavioral Therapy telephone call with our Clinical Counselor Ms. Margaret Taylor. Margaret helps individuals and families build a plan for better emotional and physical health and empowers them to cope with challenges in positive ways.

Cost: There is a charge of $650 per family for the entire training period. If a family is unable to pay please contact us for instructions on financial assistance, it is simple, we will ask for a letter from your physician, a letter from the parents requesting consideration and a copy of your families w-2.

Details:
The following information is crucial for everyone to read, understand, and agree with – if anyone has questions or concerns please don’t hesitate to ask!

Location/Time:
Your coach and you will determine meeting times for workouts and our clinician will determine times for the phone calls. After submission of your application we will schedule a brief call with the adults to assess if this is the best fit for all. If it is determined you are a match for our program we will then schedule a one-hour assessment in person with Ms. Margaret and your potential coach.

Attendance:
At each workout with your coach an adult MUST accompany your child/children. Being a part of this program is a commitment. When you sign up you need to be sure that not only your child is committed but you as an adult are as well.

Workout Structure:
2 days per week – one day will be a strength and fitness structured workout with the possibility of using your body weight, war ropes, dumb bells, jumps ropes, kettle bells, and the list continues. The second day being a cardio day – We do not need or expect you to have any experience – any level of fitness is perfect, we just ask you try anything asked of you.
Appropriate Dress/Apparel:
Dressing appropriate is crucial – the most important is your sneakers. Having the appropriate size, fit, and stability is crucial when spending a lot of time in your sneakers. Having old or worn sneakers can really affect how you run, your knees, hips, and back – many people when they are bothered by running think they are “getting old” or “can’t run” try getting new shoes, it is crucial! Some workouts will be indoors, some outdoors it may be hot or cool, please dress appropriately for doing any type of physical activity – some weeks we may be running both days so always be prepared!

Abilities:
Fit.Family is not doing any type of pre-qualifying physical examination to be a part of this group. Although the parent must sign and understand that they are agreeing that they and their children are physically able to complete such a task as a multi-week training program. If you/your family members have physical limitation, it is suggested you consult your physician and share this in the first assessment call. If the child or parent has any pre-existing conditions (mental, social, or physical) this must be expressed/explained on the first call as well. It is important we know of all medical conditions or social behavior concerns that may compromise the health of your child or children or the group.

Standards:
1. Attendance and timeliness at all practices
2. Focus on and respecting the instructors/coaches in charge at all times
3. Dedication and determination throughout the whole program
4. Teamwork
5. Observing and obeying all rules of facility/ground we are using
6. Having proper attire/water bottle at each practice
7. MOTIVATION AND A GOOD ATTITUDE

Nutrition/ Hydration:
Everyone should be eating a balanced intake of vegetables, grains, proteins, fruits, and dairy. Please eat a healthy snack or protein like peanut butter on toast, nuts etc. about an hour or so before the workout so no one is functioning on an empty stomach. Hydration is crucial, everyone should be drinking large amounts of water daily but please try to increase hydration pre and post workouts as well.
**You must fill out info for EVERY person participating in your family (including yourself), if you have more than five in your family please just print and fill out 2 sheets, by filling out their name with one parent/guardian signing it each family member is agreeing to the information in the handout attachment. Please fill out all information, and any additional information.

1) Participants Name (Print): ___________________________________________________________________________
   Age: ___________    Height: ___________    Weight: ___________
   T-Shirt Size: ___________

2) Participants Name (Print): ___________________________________________________________________________
   Age: ___________    Height: ___________    Weight: ___________
   T-Shirt Size: ___________

3) Participants Name (Print): ___________________________________________________________________________
   Age: ___________    Height: ___________    Weight: ___________
   T-Shirt Size: ___________

4) Participants Name (Print): ___________________________________________________________________________
   Age: ___________    Height: ___________    Weight: ___________
   T-Shirt Size: ___________

5) Participants Name (Print): ___________________________________________________________________________
   Age: ___________    Height: ___________    Weight: ___________
   T-Shirt Size: ___________

CELL Phone Number of Parent/Guardian: ___________________________________________________________________

Email Address of Parent/Guardian:
(All information will be sent via email, make sure this is current and written clearly.)

(Continues on next page)
Medical Conditions/any other Concerns:


Emergency Contact Name: ______________________________________________________
Emergency Contact Phone Number: _____________________________________________

Print Name of Parent/Guardian ___________________________ Signature _______________________

Date ____________________________