

Kentucky Chapter of the AAP
420 Capitol Avenue
Frankfort, KY 40601-1700
(502) 875-2205
www.kyaap.org

Walking Works A PATH TO FITNESS

Walking Works is a program targeting children ages 9-14 who have Body Mass Indexes (BMI) in the 85th and above percentiles; these children are referred by a pediatrician member of the Kentucky Chapter of the AAP.

Participants are enrolled through the Kentucky Chapter of the American Academy of Pediatrics and upon enrollment, each participant receives a program packet with a pedometer, walking log and other health resources. In addition, they are assigned to a health coach (a medical student with interest in pediatrics) and contacted by a local YMCA facility coordinator to schedule FREE fitness and nutritional sessions. The health coach and Kentucky Chapter of the AAP staff monitor the participants throughout the 6 month (rolling enrollment) program period. The goal is for overweight youth to make positive lifelong changes toward a healthier lifestyle. A maximum of 450 children in Louisville, Lexington and Northern Kentucky are eligible for participation.

PROGRAM FAST FACTS

- Participants must be referred into the program by a pediatrician member of the KY Chapter of the AAP
- Participants must be 9-14 years of age and have a BMI in the overweight or obese category
- Walking Works is a 6 month (rolling enrollment) program and each participant will receive a FREE family membership to the YMCA for up to 6 months*
- Each participant will receive healthy lifestyle resources, a pedometer and walking/activity log (a pedometer is a small device that automatically counts the number of steps you take)
- Each participant will receive 2 FREE fitness coaching sessions at a local YMCA
- Each participant, along with their parent/guardian, will receive 1 FREE session with a nutritionist at a local YMCA (parent/guardian must attend with the participant)
- A medical student health coach will be assigned to most program participants
- Referrals will be accepted through January of 2010

* Monthly approval needed by the YMCA with rollover based upon usage of a minimum of 6 visits per month and compliance with the walking/activity logs (applicable to new members only)

For further information about the Walking Works-A Path to Fitness program contact:

Delle Blair
Program Coordinator
Kentucky Chapter of the AAP
420 Capital Avenue
Frankfort, KY 40601
502-875-2205
delleblair@kyaap.org

A FREE, 6 month program for Kentucky youth, 9-14, who are overweight

*Sponsored by the Kentucky Chapter of the American Academy of Pediatrics
Program Available to Louisville, Lexington & Northern Kentucky member pediatricians*

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



Anthem

Participating YMCA's

FAYETTE COUNTY

Aimee DeHaven
Fayette County Walking Works
YMCA Coordinator
859-367-7321

- 1. Beaumont Centre Family YMCA**
3251 Beaumont Centre Circle
Lexington, KY 40513
- 2. High Street YMCA**
239 East High Street
Lexington, KY 40507
- 3. North Lexington Family YMCA**
381 W Loudon Avenue
Lexington, KY 40508
- 4. Jessamine County YMCA**
Program Center
YMCA Program Center
220 East Maple Street
Nicholasville, KY 40356

NORTHERN KENTUCKY

Trish Rayner
Northern Kentucky Walking Works
YMCA Coordinator
859-534-5700

- Boone County**
- 1. R.C. Durr YMCA**
5874 Veterans Way
Burlington, KY 41005

- Campbell County**
- 1. Campbell County YMCA**
1437 S. Fort Thomas Avenue
Fort Thomas, KY 41075

JEFFERSON COUNTY

Abbie Richard
Jefferson County Walking Works
YMCA Coordinator
502-582-3616

- 1. Downtown Center Family YMCA**
555 South Second Street
Louisville, KY 40202
- 2. Northeast Family YMCA**
9400 Mill Brook Road
Louisville, KY 40223
- 3. Southeast Family YMCA**
5930 Six Mile Lane
Louisville, KY 40218
- 4. Southwest Family YMCA**
2800 Fordhaven Road
Louisville, KY 40214

How to Enroll Online

Pediatricians, affiliate office staff or participant's parent/guardian may enroll a child into the Walking Works program using the easy online registration form at : <http://www.kyaap.org/mmbrrs/index.php>

Mail in Registration Form

Please **PRINT** Clearly

Date _____

Referring pediatrician _____

Is referring pediatrician a member of the KY Chapter of the AAP? yes no

Child OR Parent/Guardian's Email _____

Child's Name _____

Child's Age _____ Gender: Male Female

Preferred Health Coach Gender: Male Female No Preference

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Emergency Contact Name _____

Emergency Phone _____

Release and Waiver of Liability and Indemnity Agreement:

THE PARTICIPANT AND THEIR GUARDIAN HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA and/or the Kentucky Pediatric Society, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the participant, his personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the participant, whether caused by the negligence of the releasees or otherwise while the participant is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA and/or Kentucky Pediatric Society, without respect to location.

THE PARTICIPANT AND THEIR GUARDIAN HEREBY AGREE TO INDEMNIFY AND SAVE AND HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the participant in, upon, or about the YMCA premises or in any way observing or using the facilities or equipment of the YMCA or participating in any program affiliated with the YMCA and/or the Kentucky Pediatric Society whether caused by the negligence of the releasees or otherwise

THE PARTICIPANT AND THEIR GUARDIAN HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA and/or the Kentucky Pediatric Society.

THE PARTICIPANT AND THEIR GUARDIAN HAVE READ AND VOLUNTARILY AGREES TO THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

The participant and legal guardian permits the YMCA and the Kentucky Pediatric Society access to physical and medical records to measure outcomes. They also know of no physical limitations that would prevent the child from participating. The participant and their guardian permits the YMCA and the Kentucky Pediatric Society to perform fitness assessments and administer surveys during the program to measure improvement. The results will be shared with the parent or guardian and only in the aggregate for the group. Group results in the aggregate with no identifying information may be shared with the funder and general media and other communications. Data are collected for program evaluation purposes only.

Yes, the parent/guardian and child participant agree to comply with all program requirements. If they do not, they understand that they may lose program privileges including YMCA membership and FREE sessions, instruction and case management by health coaches.

Parent/Guardian Signature _____ Date _____

Participant Signature _____ Date _____

Mail Completed form to:
Kentucky Chapter of the AAP
420 Capital Avenue
Frankfort, KY 40601