



**Record what you usually eat and drink during the day:**

*Breakfast:*

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*Lunch:*

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*Dinner:*

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*Snacks:*

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*Please return this form to the Front Desk.*

**What you can expect during a personalized nutrition session:**

- 100 Review of current intake
- 100 Review of health history
- 100 Review of exercise routine
- 100 Calculation of calorie, protein, fluid needs based on your current activity
- 100 Meal plans designed to compliment **your** exercise routine and help you meet **your** goals.



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# Personalized Nutrition Program

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*Brought to you by  
Jamestown  
Family YMCA  
and  
WCA Hospital*



**101 E. 4<sup>th</sup> St.  
Jamestown, NY 14701  
(716) 664-2802**



## YMCA Personalized Nutrition Program

Staffed by a WCA Registered Diet Technician (who is also a Certified Personal Trainer), this service offers a reliable place to turn for answers to nutrition questions and concerns.



Good nutrition can enhance the effects of an exercise program.

Whether you want to gain muscle, lose weight or improve your overall health, this program will provide you with a personal nutrition plan to help you reach your goals!

Consider scheduling an appointment today. Together, we will make a positive impact on your health!

**The Nutrition Education you need to reach your fitness goals!**



## You would benefit from this program if you want to...

- ☉ Lose or gain weight.
- ☉ Build muscle.
- ☉ Learn to eat a healthy, balanced diet.
- ☉ Have more energy.
- ☉ See faster results from your exercise routine.
- ☉ And best of all, feel great!



### Schedule:

Wednesdays 1-7 p.m.  
Fridays 3-7 p.m.  
Sundays 1-4 p.m.

### Cost:

60 minute session.....\$30.00  
30 minute session.....\$15.00  
*(a minimum of one 60 and one 30 minute session is suggested)*

### Money saving package!

One 60 minute session plus  
four 30 minute sessions.....\$80.00

## Personalized Nutrition Program Registration Form

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fitness Goals: \_\_\_\_\_

Nutrition Concerns: \_\_\_\_\_

Current Exercise Routine: \_\_\_\_\_

Medical History: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Register for your appointment at the  
Jamestown YMCA front desk.

— Please complete reverse side—