



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YOUR HEALTH MATTERS



## Bariatric Exercise Group

Are you planning to or have you had Bariatric Surgery? Exercise is imperative for patients before and after surgery to create a successful health journey. Through this program you will work in small groups with a personal trainer once a week to exercise safely and help create healthy lifestyle habits.

- Option 1: Combine a Y membership and group training (new members only)
- Option 2: Group training only (existing members)
- Bring registration form to the welcome desk with your doctors signature to register (backside)
- Minimum age is 18 years old

**WHEN:** First session starts September 1st  
Continuous sessions beginning on the 1st of each month

**DAY/TIME:** Wednesday, 5:45-6:30pm

**PRICE:** Option 1: \$49  
Option 2: \$25

**LOCATION:** YMCA OF SAGINAW, 1915 FORDNEY ST. SAGINAW, MI 48601

**QUESTIONS:** Tina Swanton, Lead Program Director at (E) [Tina@SaginawYMCA.org](mailto:Tina@SaginawYMCA.org)  
(W) [www.SaginawYMCA.org](http://www.SaginawYMCA.org) (P) (989) 753-7721 ext 207





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## Bariatric Exercise Group Registration Form

Name: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Male / Female  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

### Medical Waiver / Image and Video Promotional Release

I hereby certify that I, \_\_\_\_\_ is physically capable of participating in the Bariatric Exercise Group at the YMCA of Saginaw, herein referred to as 'the Y'. I realize that participating in the Bariatric Exercise Group involves vigorous exercise. I further assert my understanding of certain inherent risks involved in me participating in such activities and regardless of the precautions taken by the Y or the participants, I realize that some injuries may occur. I release and hold the Y harmless from any liability for physical or other injury or harm suffered by me during or as a consequence of participation in the YMCA program.

I also realize that participants in the Y programs are sometimes photographed and/or videotaped for use in the Y promotional and educational materials. I authorize the Y to record and photograph my image and/or voice for use by the Y or its assignees in research, educational and promotional programs. I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

\_\_\_\_\_  
Signature of participant or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Referred by

\_\_\_\_\_  
Date

Doctors notes and release for exercise:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Doctor/Office signature

\_\_\_\_\_  
Date