



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# TAKE CONTROL OF YOUR HEALTH

## Healthy Living **Diabetes Awareness** Program

### HARRISON FAMILY YMCA & NASH COUNTY HEALTH DEPARTMENT

The Harrison Family YMCA and Nash County Health Department invite the community join us in learning how to:

- **MANAGE BLOOD & A1C LEVELS**
- **TRACK FAT & CALORIE INTAKE**
- **PRACTICE HEALTHY EATING HABITS**
- **MANAGE STRESS**
- **& MUCH MORE**

Taught by Diabetes Lifestyle Coaches from the Nash County Health Department Jerome Garner and Latesha Barnes-Staton

#### **LOCATION: HARRISON FAMILY YMCA**

1 Hour Classes will be held on Mondays  
Open to community, registration required in advance  
You may register at the Y or online

- **FEBRUARY 11<sup>TH</sup> 5:30pm**
- **MAY 13<sup>TH</sup> 5:30pm**
- **AUGUST 12<sup>TH</sup> 5:30pm**
- **NOVEMBER 18<sup>TH</sup> 5:30pm**

#### **HARRISON FAMILY YMCA**

1000 Independence Drive Rocky Mount, NC 27804  
P 252 972 9622 [www.harrisonfamilyY.org](http://www.harrisonfamilyY.org)



# REGISTER HERE!

Participant First and Last Name \_\_\_\_\_ D/O/B \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

Please check which class(es) you are registering for. There is no fee.

- FEBRUARY 11<sup>TH</sup>**                      **5:30pm**
- MAY 13<sup>TH</sup>**                              **5:30pm**
- AUGUST 12<sup>TH</sup>**                        **5:30pm**
- NOVEMBER 18<sup>TH</sup>**                      **5:30pm**

WAIVER OF LIABILITY: I understand and agree that the Rocky Mount Family YMCA, Inc. (d/b/a Harrison Family YMCA) nor co-sponsoring organizations or their respective chapters, officers, directors, employees, agents, members or volunteers shall assume or have any responsibility or liability for expenses or medical treatment or form compensation for any injury may suffer during or resulting from my participation in this program. I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this program. I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation. I also grant permission to the Y to use any photographs or videography that are obtained as part of this program for future Y advertising and promotions.

## Signature

\_\_\_\_\_

Date \_\_\_\_\_