

We Would Love You To JOIN US!!!

Our Y encourages everyone to maintain a healthier lifestyle. Put a little fun and exercise in your day and join the walkers that already participate! Active older adults age 55+ can walk in our Y gym (Odd Fellows Building -719 Wyatt Ave.) every week day (except major holidays) from 1:00 – 3:00 pm.

Our Y walking program is absolutely free! There are no membership fees or program fees! Just come to the Y and put a little recreation in your day!

Prior to walking for your first time, please stop by our Y office at 604 Broadway St., and complete a registration form to satisfy liability requirements.

Welcome to the Y
We look forward to meeting you!

Please share this brochure with your friends and invite them to come and walk at the Y!

**OUR CAUSE IS TO STRENGTHEN
AND GIVE BACK
TO OUR COMMUNITY!**

Place
Postage
Here.

Lincoln Area YMCA
604 Broadway St., Suite 1
Lincoln, IL 62656



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LINCOLN AREA Y

ACTIVE OLDER ADULT WALKING PROGRAM



ALWAYS HERE FOR YOU!

604 Broadway St., Suite 1
217-735-3915 · www.lincolnymca.org



www.facebook.com/LincolnAreaY

A Way To Stay Healthy



Older adults age 55+ who desire to remain active and healthy can walk in the **Y gym on Wyatt Avenue every week day (except major holidays) from 1:00 – 3:00 pm.**

This program is **absolutely free** and there is no membership fee!

Prior to your first time to walk at the Y, **please complete this registration form and return it to our Y office** to satisfy liability requirements. Then enjoy walking every week day with other adults!

Call the Y for more info at 217.735.3915 or visit us at www.lincolnymca.org.

ACTIVE OLDER ADULT WALKING PROGRAM

Name _____

Address _____

City _____ State _____ Zip Code _____

Primary Phone # _____ Alternate Phone # _____

Email (for program info or changes only) _____

Emergency Contact Information

Name _____ Relationship _____

Primary Phone # _____ Alternate Phone # _____

How did you hear about this program?

Office _____ Y Catalog _____

Website _____ Friend _____

Other _____

Would you like to volunteer at the Y?

With Seasonal Mailings _____ Yes _____ No

With Youth Programs _____ Yes _____ No

Authorization for Pictures

The Lincoln Area YMCA has my permission to use pictures of me in advertising and informational packages. Failure to circle either choice below automatically provides authorization.

Yes _____ No _____

Release of Liability

I release the Lincoln Area YMCA and their entire staff, administration, board members, volunteers, or any other entity involved with the Lincoln Area YMCA from responsibility and liability due to injury and illness that I may sustain during any of the Lincoln Area YMCA programs or activities in which I participate.

Signature _____

Date _____

Authorization for Medical Treatment

If I become ill or injured at Lincoln Area YMCA programs or activities, I understand that the staff will (1) try to contact my emergency contact, (2) will contact my physician and/or arrange for immediate emergency treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure my health and safety.

Signature _____

Date _____

Limitations and Medical Information

Allergies/Medications/Limitations _____

Preferred Physician and Phone # _____

Insurance Company/Group #/Expiration Date _____