

Winter Wellness 2018

KICK OFF FAMILY EVENT

January 31, 2018

Lakeside Family Fitness

39 State St. Hart, Michigan

5:30-7:30 p.m.

Register For:

Winter Wellness 2018

Visit Community Vendor Booths

Track your activity for six weeks, record your points for chances to win prizes!!! Thanks to the sponsors listed below this program is free for public to participate in.

Closing Event Party

March 21, 2018 5:30 -7:30 pm

Top Winners in eight categories.....many others will win too!

All prize winners will be announced

Guest Speaker and Lots of Fun!

Vendors/ sponsors will be having prizes at both events.

Let's take the Steps to improve the
Health of Oceana County!



GRAY & COMPANY
The Cherry Idea Company



Oceana
**health
bound**
Connecting Health & Wellness for All



HFOC



SILVER LAKE

SAND DUNES AREA
CHAMBER OF COMMERCE



Silver Lake, MI
Golf Course & Bucket Bar Pizza



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COMPREHENSIVE REHABILITATION
& FAMILY FITNESS

Winter Wellness 2018

Lets get active & healthy this winter!

1. Registration begins January 31, 2018

Winter Wellness Kick Off Event

January 31, 2018

5:30 p.m. - 7:30 p.m.

Lakeside Rehab Family Fitness

39 State Street, Hart, MI

2. Last Day to register is February 14, 2018.
3. **Thanks to our sponsors this program is completely FREE!**
4. Start moving and record your activity points each day. Earn bonus points for some other healthy practices too!
5. Be active at least five days a week.
6. Increase your activity level slightly each day.
7. Complete program on March 14, 2018. Turn in My Health Points form and evaluation survey into Lakeside Rehab Family Fitnesss on or before March 19, 2018.
8. The completed points form and evaluation survey enters your name into a drawing for prizes compliments of our sponsors and local businesses.
9. **All prize winnings will be given away at the Closing Celebration.**

March 21, 2018, 5:30 p.m.

Lakeside Rehab Family Fitness

39 State Street, Hart MI



Winter Wellness 2018

My Activity Points Chart

There are many winter activities to help you stay on track with your goals. Many of them are listed below, but don't limit yourself to these activities. Get out and start moving.

Record 1 Point every time you.....

Walk 1 mile or 2000 steps (pedometer)	Sledding/ tube 30 minutes	Jog/ Run 15 minutes or 1 mile	Dance 30 minutes
Swim 30 minutes	Ice skate 30 minutes	Cycle 15 minutes	Bowl 90 minutes
Cross country Ski 15 minutes	Downhill Ski 30 minutes	Weight train Circuit 30 minutes	Chop wood for 15 minutes
Snowboard 30 minutes	Stretch 15 minutes	Stair/ bench step 15 minutes	Participate in exercise class 30 minutes
Snow Shoe 15 minutes	Basketball 20 minutes	Skip Rope 10 minutes	Volleyball 20 minutes
Ride a stationary bike 15 minutes	Racquetball/ handball 20 minutes	Snow Shoveling 15 minutes	Pickel Ball 30 minutes
Maintain a food journal for one week (10 points Bonus)	5 -9 Servings of fruits/ veggies a day	Drink 6 -8 (8 oz.) glasses of water/day	Attend Lakeside Family Fitness Land or Water Class (5 Point Bonus)
Participate in any community Winter Activity with family or friends (10 Point Bonus)	Attend Aerial or Hot Yoga Classes (10 point Bonus)	Add your favorite exercise: 20 minutes of any exercise that makes you breathe hard and sweat (1 Point)	Quit using tobacco PERMANENTLY!! (50 Points Bonus!) GreatJob!!!!



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SILVER LAKE
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Winter Wellness 2018

MY HEALTH POINTS RECORDING FORM

January 31- March 14, 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
			Jan 31	Feb 1	2	3	
4	5	6	7	8	9	10	
11	12	13	14 V-Day	15	16	17	
18	19	20	21	22	23	24	
25	26	27	28	March 1	2	3	
4	5	6	7	8	9	10	
11	12	13	14	TURN IN Your Report			
Prizes & Winners announced at Closing Party MARCH 21, 2018 5:30 pm at Lakeside Family Fitness						TOTAL	

1. Points are measured as a "health mile equivalent"
2. The program begins Monday, January 31, 2018 and ends March 14, 2018. Turn in mileage form, and evaluation survey at: Lakeside Rehab Family Fitness on or before March 19, 2018. No late forms will be accepted.
3. March 21, 2018 is the Closing Celebration and PRIZES! 5:30 pm @ Lakeside Family Fitness

Name: _____ Phone: _____



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Winter Wellness 2018

New Year Resolutions 2018

Some of you may identify with being active and eating nutritiously, some of you may not. How do you want **this** new year to be different than the last? Completing this form will help to put things in perspective. (This does not need to be turned in. It's intended to help you start thinking and changing your life for the better.)

Starting with You!

Why are you participating?

What are the benefits of becoming more physically active and eating better?

Fill out the chart below:

<u>Important Benefits to being healthy</u>	<u>Barriers that are holding me back:</u>

Think back to a time when you felt better, had more energy or achieved a goal.
List a few of your past successes, and the choices that helped you achieve success.

Looking at your benefits and barriers list:

Focus on one or two of the excuses keeping you from working out. Instead of making excuses not to workout or get healthier, make excuses to workout and to make healthier choices. Make every day a success!

My Success Strategies

Strategies are a fluid; they are not set in stone. When one of your strategies does not work, don't worry; modify until you find what works best for you.

My Strategies	Is it working?	What can make it better?



Winter Wellness 2018

Evaluation Survey:

1. Overall, I was satisfied with the Winter Wellness Program and would participate again if the program is offered. YES NO
2. The registration process was easy. YES NO
3. I have gained some health benefits from participating in the program. YES NO
If yes, specify. (Check all that may apply.)
☐ Feel better overall
☐ Weight loss ☐ total weight loss
☐ Improved mental health
☐ Reduced alcohol, tobacco or drug use
☐ Other (Please specify.) _____
4. My activity level increased as a result of participating in the program. YES NO
5. My energy level increased as a result of participating in the program. YES NO
6. I would recommend this program to my family and friends. YES NO
7. Where did you first hear about the program? _____
8. Would you be willing to help out next year? YES NO

Comments:

Name (Optional) _____ email (Optional) _____



Winter Wellness 2018

Registration Form:

Name: _____ Phone: _____

Address: _____

E-Mail: _____ Sex: (Circle one) Male Female

Age Category: (Circle the age)

Youth 17 & Under

Young Adult (18-29)

Adult (30-64)

Senior (65+)

Thank you for joining Winter Wellness, you have made a great choice. Make sure you stop and see all our vendor booths.

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Kick Off Event Family Event
5:30 p.m. - 7:30 p.m.
Lakeside Rehab Family Fitness
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