

Warren County Health Matters "Get Healthy" Group

Please	check	which	option v	you wou	ld like to	register for:

"Get Healt	•				
Mondays	5:30-6:15 pm				
12 Weeks	\$24.00 (March 4 to May 20, 2013)				
Instructor:					
Held at:	University of Missouri Extension				
Center	107 M Maltan Church				
	107 W. Walton Street				
	Warrenton, MO 63383				
Drop-In	\$3.00 per session*				
*Payment must be made at each session upon arrival.					
Payment in Full mu	st accompany your registration form				
•					
Make checks payable	e to: Warren County Health Dept.				
•	e to: Warren County Health Dept. bird Lane, Suite 100				
Make checks payable Mail to: 101 Mocking	e to: Warren County Health Dept. bird Lane, Suite 100				
Make checks payable Mail to: 101 Mocking Warrenton, MO 6338	e to: Warren County Health Dept. bird Lane, Suite 100 33				
Make checks payable Mail to: 101 Mocking Warrenton, MO 6338	e to: Warren County Health Dept. bird Lane, Suite 100				
Make checks payable Mail to: 101 Mocking Warrenton, MO 6338 PRINT NAME	e to: Warren County Health Dept. bird Lane, Suite 100 33				
Make checks payable Mail to: 101 Mocking Warrenton, MO 6338 PRINT NAME	e to: Warren County Health Dept. bird Lane, Suite 100 33				
Make checks payable Mail to: 101 Mocking Warrenton, MO 6338 PRINT NAME Address	e to: Warren County Health Dept. bird Lane, Suite 100 83				
Make checks payable Mail to: 101 Mocking Warrenton, MO 6338 PRINT NAME Address	e to: Warren County Health Dept. bird Lane, Suite 100 33				
Make checks payable Mail to: 101 Mocking Warrenton, MO 6338 PRINT NAME Address	e to: Warren County Health Dept. bird Lane, Suite 100 83				

Please complete and sign the reverse side.

E-Mail

"Get Healthy Group" Description

This group is for anyone desiring to meet routinely with other people interested in getting healthy or losing weight. This is designed for you regardless of whether you are already on a "plan" (Weight Watchers, Jenny Craig, TOPS, etc.) or you are just trying to eat healthy or lose weight on your own. Think of this as *extra support* on your path to **Get Healthy**!

Our group will be facilitated by a nutrition expert to provide support, group sharing and motivation. You will learn nutritional facts, share tips and recipes, and keep each other motivated! There will also be an opportunity to weigh-in each week. *Weigh-In is not required to participate.

Mondays 5:30-6:15 pm March 4 to May 20, 2013

University of Missouri Extension Center 107 W. Walton Street Warrenton, MO 63383

HAVE QUESTIONS??? CALL Warren County Health Department 636-456-7474

Please detach this section and retain for future reference.



As with all lifestyle changes, check with your physician before adjusting your nutritional intake, especially if you have any chronic illness, take medications or have special nutritional needs.

NOTE:

If the Warren County R3 Schools are closed due to inclement weather, the group meetings will be cancelled. You can always call the Warren County Health Department to verify at 636-456-7474.

I hereby accept ______ instruction/support from the Warren County Health Department.

I understand that this service is provided in the interest of health and/or safety and that the local Warren County Health Department and/or County of Warren, is not a dealer in these goods, nor is it an agent for any manufacturer or distributor of these goods or instruction.

The local Warren County Health Department and/or County of Warren, makes no warranty expressed or implied as to the fitness of these goods and assumes no responsibility for the consequences of proper or improper use of these goods or instruction.

I agree not to hold liable or not to sue the local Warren County Health Department and/or the County of Warren or any member thereof, for damages/injuries of any sort resulting occurred while using the equipment and/or instruction.

Any equipment I receive from the Warren County Health Department is for myself and/or for my child/ children and is not to be given or sold to any person or organization. Any equipment is not to be taken to any store for exchange or for a refund.

I understand that a photocopy of this document shall have the same force and effect as the original.

This agreement is binding upon my heirs, successors, or assigns.

Signature_	 	 	
Date	 		

FOR OFFICE USE ONLY					
Date Received					
Amount of Payment					
Amount of Fuyincht_					
Paid by: Cash	Check #				
raid by. Casii	CHECK #				
Initiala					
Initials					