

Family Health Classes

Adults and Children (all ages)

What: Family Health Classes
 Montville Recreation and ONE Human Performance Center, together, are offering a four-part series to families featuring the following topics: *Eating for Health*, including weight control and metabolic syndrome; *Exercising with a Purpose*, focusing on fitness and wellness, how to avoid and overcome aches & pains and not break the wallet; *Training Adolescents* on all levels of fitness; *Social Challenges and Warning Signs*, including recognition and intervention for today's youth having social challenges.

Instructor: Staff at ONE Human Performance Center

Where: ONE Human Performance Center
 2 Changebridge Road . Unit G . Montville

Session #	Program	Day	Dates	Times
1	Eating for Health	Monday	1/9	7-8pm
2	Exercising with a Purpose	Monday	1/23	7-8pm
3	Training Adolescents	Monday	1/30	7-8pm
4	Social Challenges & Warning Signs	Monday	2/6	7-8pm

In lieu of any program fee, we are asking for a donation on-site at ONE Human Performance for Lance Corporal Adrian Simone, a Marine and Montville resident who was seriously injured by a roadside bomb in Afghanistan. All proceeds collected will be given to Adrian Simone Fund, being run through the Montville Police Department. Checks can be made payable to PBA, with Adrian Simone written on the notation line. Please call Montville Recreation with any questions, 973-331-3305 or visit the website, www.montvillenj.org.

Class size is limited, so please register early!



OneHumanPerformance
 2 Changbridge Road, Unit G, Montville, NJ
www.OneHumanPerformance.com



Montville Recreation Department's
Family Health Classes

Please mail or drop off forms to:
 Montville Recreation
 195 Changebridge Road
 Montville, NJ 07045

Child's Name _____

Child's Age _____

Parent's Name _____

Parent's Age _____

Address _____ Town _____ Phone _____ Cell _____

Emergency Name & Number _____

Circle Session Choice(s) Session 1 Session 2 Session 3 Session 4

I understand that the Recreation Department DOES NOT provide accident insurance. If necessary, my child has permission to participate in the Exercise program.

Participant/ Guardian's Signature _____ Date _____

FOR OFFICE USE (10/18/11): Fee paid _____ Cash Check Received by _____ Date _____ Program #822