



2012 Winter Program Guide

January—February—March

The Y IS ON

facebook



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- Class Updates
- Event Notices
- Event Pictures
- Fundraising Updates
- Program Information
- Weather Delays and Closings

Dear YMCA Member:

Many of you may be familiar with the story about a young boy as told by his father during a dinner for a school for learning-disabled children.

While walking past a park where some boys were playing baseball, his son Shaya asked if he could play. One of the boys who knew that Shaya was not much of an athlete consented. His team was losing by six runs in the eighth inning and he saw no harm. Unexpectedly, however, his team scored, and when it was Shaya's turn to bat, the bases were loaded with two outs in the ninth inning.

Though they were within striking distance of victory, Shaya was allowed to come to the plate. He held the bat awkwardly so the pitcher stepped closer and lobbed the ball softly. Shaya swung clumsily and missed. A teammate helped him hold the bat and together they swung at the next pitch hitting a slow ground ball. After fielding it, the pitcher deliberately threw the ball over the first baseman's head.

Everyone started yelling, "Shaya, run to first. Run to first." Never in his life had Shaya run to first. Quickly, a silent pact of caring was forged among the boys and the right fielder followed the pitcher's lead by throwing the ball over the third basemen's head. Everyone yelled, "Keep running!" The shortstop turned the wide-eyed Shaya in the direction of third base and shouted, "Run to third." Then the boys from both teams screamed, "Run home." Shaya stepped on home plate with a glorious look of triumph and the boys lifted the game's hero on their shoulders. "That day," the speaker said, "I witnessed 18 boys reach their level of God's perfection."

I like to think that the fellowship of the Y has a lot in common with this story. We come to the Y, all shapes and sizes, skills and abilities, but each and everyday I see examples of members lifting each other up: sharing, connecting, encouraging and commending. It's a great feeling to observe this camaraderie. The next time you're here, look around. You'll feel great, too!

In YMCA fellowship,

Jennifer F. Unroe
Chief Executive Officer

Alleghany Highlands YMCA,
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MEMBER SERVICES

HOURS OF OPERATION

<u>MON-FRI:</u>	Facility: 5:30am—9pm	Pool 6am–2pm, 4pm–8:30 pm
<u>SATURDAY:</u>	Facility: 8:00am—6pm	Pool closes at 5:30 pm
<u>SUNDAY:</u>	Facility: 1:00pm—6pm	Pool closes at 5:30 pm

Member Services for financial transactions is available Monday through Saturday. During Sunday hours, entrance and exit of facility will be monitored; however financial transactions will not be available. Membership application packets will be available for pick up on Sunday, but actual membership sign up will need to be processed Monday—Saturday.

CHILD WATCH (ages 6 months– 11 yrs.) \$3.00 per child per two-hour session—— or 10 visit punch card \$25
Parent/guardian must stay in facility

<u>Mon.-Thurs:</u>	8:45am—12:15pm and 5:00pm—7:30pm
<u>Friday:</u>	8:45am—12:15pm and 5:00pm—7:00pm
<u>Saturday:</u>	9:00am–12:00pm

FIT KIDS (ages 5–11 years) Monday–Thursday 5:00–7:00 PM Registration in Child Watch—activities will be either in basketball gym or activity room. \$3.00 per child per two-hour session during month of January. Plans are in progress for ***KIDZ BOOT CAMP PROGRAM*** to start February 1st. This will be on a monthly registration basis with fee of \$25 per month per child.

NOTICE TO MEMBERS REGARDING MEMBERSHIP ACCOUNTS

YMCA management wants every member to belong “forever” but we know this is not feasible due to life changes for individuals and families. In this regard, we want to explain our cancellation policy. A Y membership is on a continuous basis, meaning dues will be charged to the account until you give a notice to cancel. **CANCELLATION REQUIRES A 30-DAY WRITTEN NOTICE.** This may be processed in person at the Member Services Desk or with a written notification mailed, emailed, or faxed to the Member Services Department. **WE CANNOT ACCEPT A VERBAL NOTICE.** If a situation occurs with you and/or your family and you wish to place your account on hold, please notify Member Services in writing of your request giving a 30-day notice. The only time a 30-day notice is not required for a hold to be placed on the account is if it is a medical emergency. **FAX: 540-862-8675**

Facility Staff

Jennifer Unroe	CEO	862-8677	junroeahymca@gmail.com
Vickie Kerns	Assoc. Exec. Director	862-8681	vkernsahymca@gmail.com
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Keith Simpson	Health Enhancement Coordinator	862-8685	ksimpsonahymca@gmail.com
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Dale Heath	Maintenance Tech	862-8684	dheathahymca@gmail.com

THINGS TO REMEMBER

SAFETY NOTE

Children under the age of 12 **are not** to be dropped off & left at the YMCA on their own.

Parents/guardians are to remain in the facility **with children** under the age of 12 unless they are registered in a supervised program. Children under age 12 are not permitted in Aerobic Studio/Activity Room during exercise programs.

With parental approval, youth **16 years** & older may supervise children **under the age of 12**. Child Watch will release children to youth **16 years** & older only with prior parental approval.

UPCOMING EVENTS

WELLNESS ORIENTATION

Orientation is available for members who are new to the YMCA & want to learn more about programs & how to use equipment safely.

Orientation is a pre-requisite for teens (ages 13-15) to use the Wellness Center. Parent/Guardian must accompany the teen during the orientation and must also accompany the teen during work out sessions until they reach the age of 16.

Orientation Dates: Sundays 5:00– 6:00 pm

January 15th, February 19th, March 18th

YOUNG AT HEART BINGO

Wednesdays @ 10:00-11:00 am Activity Room–

Community is welcome to attend, does not require Y membership

Social Potlucks: January 18th (other dates to be scheduled)

Prizes and lots of social fun!

CANCER SUPPORT GROUP

Meets 2nd Tuesday of each month (does not require Y membership)

Tuesday January 10th, February (date to be announced) and Tuesday March 13th

Mission Statement: The mission of the Alleghany Highlands Cancer Support Group is to provide hope and support to men and women who have been diagnosed with cancer, their caregivers and families, and those who are survivors of cancer through social interaction, education, encouragement in diet and exercise, and emotional and stress reduction in order to promote peace and strength in body, mind and spirit

PROGRAMS for meetings to include various medical professionals, nutritionists and information on the benefit of exercise programs for cancer patients.

Everyone deserves a YMCA

Scholarships Available– call Member Services for details

The Alleghany Highlands YMCA is dedicated to keeping our programs and services available to all. We offer assistance to those who are unable to pay the full cost of participation. This assistance is made available through generous contributions from friends of the YMCA. Through this program, membership fees are based on household income level. Once the level of assistance is determined, the membership rate is established for a one-year period. Renewal after one year requires updated financial information.



GIVE A HELPING

HAND—

HELP A KID, ADULT OR FAMILY

DONATE TODAY TO OUR

SCHOLARSHIP FUND

BE A Y VOLUNTEER

CHILD CARE

YMCA "Kid's Unlimited"

The largest child care program in the Alleghany Highlands offering quality child care since 1993.

Infants (6 weeks to 16 months)

Location: Covington

Hours: 6:30 am-5:45 pm

Fee: \$115 per week

Toddlers (16 months-30 months)

Location: Covington & Low Moor

Hours: 6:30 am-5:45 pm

Fee: \$98 per week

All Day Preschool (30 months-4 years)

Location: Covington & Low Moor

Hours: 6 am -6 pm

Fee: \$92

YMCA "Kid's Place"

Half-Day Preschool (30 months to 4 years)

Location: Covington & Low Moor

5 days Fee \$140; 3 days Fee \$105

YMCA Child Care Scholarships are Available

Child care is open enrollment and is not restricted to just YMCA members. Refer a friend to quality, caring child care.

** FOUR STARS **

A FREE All Day Preschool Program for 4-yr olds who will not be attending kindergarten in the 2011-2012 school year and who meet specific guidelines. This is a collaboration with the VA Dept. of Education, Alleghany County Public Schools, and the Alleghany Foundation.

Call the YMCA Child Care at 965-9622 or 862-0488

YMCA "Kid's Connection"

School age enrichment programs provide services before and immediately after school.

Before School: 6am to school bell at Covington and Low Moor
FEE: \$22 per week

After School: School dismissal to 6 pm at Covington, Mt. View, & Eagle Rock
FEE: \$40 per week

School Day Out: all day care for your school age child up to age 12 from 6am-6pm at Covington & Low Moor.
FEE: \$20 per day

Junior Counselor Program: Young adults age 12 and older, learning leadership skills while assisting staff in school age programs. Participants receive training and must model the YMCA Character Values to their younger co-clients.

Fee reduced by one-half in each program



Healthy Kids Day on April 28th
watch for more details

FITNESS

Stop by the Member Service Desk for updated Group Exercise Schedule

PERSONAL TRAINING

Do you need motivation to work out consistently? Try our one-on-one personal training program. The Y has certified Wellness Coaches that will work with you during your workout. You do not have to plan your workout—the coaches do it for you. The program consists of 5 one-hour sessions for \$100 or 10 one-hour sessions for \$190.

HEALTHY YOU!

This program is designed to assist you in reaching your personal fitness goal. Make your appointment today for a fitness evaluation to get started on the right track. You will be given a work-out guide to assist you in a program that you will do on your own at the times that work for you. ASK FOR DETAILS IN THE WELLNESS DEPARTMENT.

SPINNING BIKES

This program requires you to call and register to reserve a bike due to limited number of bikes. **Class is FREE.** Classes are scheduled at various times each day except on Sunday. Stop by and pick up a Group Exercise schedule at Member Services.

BENEFITS OF USING A HEART RATE MONITOR

Helps develop a more effective training program, keeps you focused and on track, alerts you when you are working outside of your target heart rate.

PRE-ORDERS NOW BEING TAKEN

Order dates: January 16th and February 20th

SIGMA PC 15 \$70

Sigma Women's PC9 \$55

Sigma PC25.10 \$89

Sales benefit Scholarship Fund

Martial Arts

Instructor —Clay Johnson

A refined program based on teachings of *Karate, Muay Thai and Jeet Kune DO* that will expand any martial art student's skill level.

Mondays and Wednesdays 7:30—8:30 pm FEES per session: \$15 member; \$55 non-members

Session 1: January 2nd—January 30th

Session 2: February 1st—February 29th

Session 3: March 5th—28th

Child—Youth—Family

TODDLER TIME

Every Thursday 9:15AM—10AM Different activity each week for non-stop fun and child development.
Program is for ages 16 months to 3 years of age FEE: \$45 Y member; \$65 non-member
Session 1: Feb 2nd-March 8th (register by 1/26) Session 2: March 29th-May 3rd (register by 3/22)

MIDDLE SCHOOL MADNESS for 5th, 6th, 7th, and 8th graders

Saturdays from 7 — 10 pm Jan. 14th, Feb. 25th, March 24th \$5 per person cover charge

Basketball—volleyball—swimming—ping pong—music—Wii Rock Band and Dance Dance Revolution

Bring swim suit and towel and concession money Concessions Available-(pizza, drinks, snacks)

YOUTH BASKETBALL

FEE: \$40 members, \$60 Non-Members Fee includes Team Shirt, Game Officials, Awards

2—40 minute practices per week Monday-Thursday 5:30-7:30pm

Games: Week days & Saturday Mornings

Session 1: Jan 16th—Feb 25th Register by Jan 9th For 6, 7 & 8 year olds

Teaches advanced basketball techniques including zone, man-on-man defense, rebounding, blocking, playing strategies, team work & sportsmanship in a positive environment.

Session 2: Feb. 27th—April 7th Register by Feb 20th For 4 and 5 year olds

Learn basketball skills, playing strategy, team work, sportsmanship, etc.

VOLUNTEER COACHES NEEDED

GYMNASTICS

Tuesdays & Thursdays Ages 5-7 6:30-7:30PM Ages 8-11 7:30-8:30PM

FEE Per Session: Y member \$45; Non-member \$65 Uniform Fee: Girls \$45; Boys \$30

Session 1: January 24th-March 1st Session 2: March 20th-April 26th Session 3: May 1st—June 5th

INSTRUCTORS: Michelle, John & Jessica Reed

Class will teach skills & progressions for tumbling, bars, beam & vault.

WOMEN'S SELF DEFENSE CLASS

Sunday, March 25th 1:00 pm-5:00 pm YMCA Aerobics Studio Ages 13 years and up

Learn self defense tactics involving weapons defense (knife and gun disarmament),
grappling and takedown tactics for quick defensive maneuvers.

FEE: Y member \$40 ; Non-Member \$60 Instructor: Stephen Hodges

COMING THIS SPRING—watch for details

Sportys for Shortys April 11th– May 16th Cheerleading April 14th—May 26th

AQUATICS

LAP & RECREATIONAL SWIM

Recreational swim is a time for kids & families to play in the pool. This is a great time for kids to show off what they learned in swim lessons. We offer recreational swim at various times throughout the day. See rules & regulations in your Member Handbook. **REMEMBER:** children under 12 years of age must be supervised by a parent or guardian in the pool area.

AQUA AEROBICS CLASSES Free with membership – no registration required

Morning classes offered Mon., Wed., & Fri.

Water Works: 9-10 am (low impact, low intensity– for the beginner)

Wet & Wild: 11-12am (low impact, moderate intensity)

Evening classes offered on Tues. & Thurs.

Deep Water Aerobics: Tues & Thurs. 10-11am

PHYSICAL THERAPY—Partnership with LewisGale Hospital-Alleghany

Individual therapy session with a certified Physical therapist. Tues. & Thurs.

30 minute appointments between 8-11:30 am.

PRIVATE SWIM LESSONS—One-on-One Instruction

Call Aquatics Director for scheduling either with director or instructor

Eight 30– minute sessions

Fee with swim instructor: \$90 member, \$180 non-member

Fee with Aquatics Director: \$115 member, \$230 non-member

Coming Soon....

Red Cross Swim Lessons at the YMCA– ages 4 years to adult

Benefits of this multi-level program include well structured lessons, progress reports, certificates and more.

Saturday mornings beginning in March

Session dates to be announced Fees: \$35 member; \$70 non-member

Pre-school: 4 & 5 years: four 30-minute sessions : 10:30-11:00am

(for children ready to try lessons independent from parent. Slower paced than youth lessons

Youth– 5 yrs. & up: four 45-minute sessions

Beginner Level 1 & 2: 9:45-10:30 am

Intermediate & Advanced Levels 3 & up: 9:00—9:45 am

RED CROSS LIFEGUARD CLASS

Interested in being a lifeguard? This is the class for you. Learn first aid, CPR, rescue skills & improve your swimming skills. You must pass the pre-test to participate.

This class is offered over 2 consecutive weekends.

Dates & times to be announced



Alleghany Highlands YMCA Program Registration Form

Enrolled Program _____ **(Example Swim Lessons, Youth Basketball, Teen Camp)**
Program Start Date: _____ **Program End Date** _____
Program Fees (Member/Non-Member) \$ _____ **Other (Uniform, Materials) \$** _____ **Late Fee \$** _____
 (If included in Fee please indicate the following):
Shirt Size (Circle One): Y X-Small (4/8), Y Small (6/8), Y Medium (10/12), Y Large (14/16), Small, Medium, Large, X-Large, Other _____
Pant Size: YX-Small, Y-Small, Y Medium, Y Large, Small, Medium, Large, X-Large, Other _____

Participant Name: (Last) _____ (First) _____ (M.I.) _____ **Current Age:** _____ Male/Female: _____

Address: (Street) _____ **Birth Date:** Month: _____ Day: _____ Year: _____
 (City) _____ (State) _____ (Zip) _____

Parent's/Guardian's Name: _____

Home Telephone: _____ Alternate Phone: _____

E-mail: _____

Father's Employer: _____ Work #: _____

Mother's Employer: _____ Work #: _____

Emergency Contact (other than parents): _____ Phone #: _____

Physicians Name: _____ Work # _____

Allergies (e.g. penicillin, bee sting, etc.) _____

Suffer from following conditions (Check)? ___ asthma ___ diabetes ___ epilepsy ___ Other (Please Indicate) _____

Liability Release

I hereby certify as a participant or parent/guardian of the above named child, give my approval to my or his/her participation in any and all YMCA Program activities. I assume all risks and hazards incidental to such participation including transportation to and from activities and do hereby waive, release, absolve, indemnify and agree to hold harmless the Alleghany Highlands YMCA, the organizers, sponsors, supervisors, participants, and persons from any claim arising out of injury to my child, whether the results of negligence or from any other cause.

I have read the membership handbook provided by the YMCA and I support the YMCA mission and core value system that will be implemented as I participate at the YMCA.

I agree to the following during programs: have fun, skill development, team work, use fair play, embrace family involvement, and try to volunteer. I also agree that my spouse, additional family members, and friends that may attend scheduled events are to abide by the same guidelines, and it is my responsibility to make them aware of rules and policies of the YMCA.

The YMCA will make every attempt to reschedule games and/or activities missed due to inclement weather. I understand that the YMCA will not issue refunds for scheduling mishaps due to inclement weather, or refunds after the start date of a program for any reason.

I give my authorization for the Alleghany Highlands YMCA to photograph myself, my child, or other family members, while participating in the YMCA programs.

As a parent and/or guardian, I do herewith authorize the YMCA to seek medical treatment for in the event of a medical emergency beyond the use of standard First Aid and CPR. I also authorize the treatment by a qualified and licensed medical doctor for myself or program participant in the event of a medical emergency which, in the opinion of the attending physician, may endanger mine or his or her life, or cause disfigurement, physical impairment, or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me.

Parent/Guardian Signature: _____ Date: _____

****We Need Volunteers**** Yes-Fulltime or Yes-Part Time
 Name of Volunteer: First _____ Last _____ Primary Contact _____

On medication? If so, what? _____

Method of Payment (Check Appropriate Box)

Check Cash Credit Card Scholarship (% or Amount) _____

Total Amount Paid: \$ _____ Received By (Print Name): _____ Date Paid: _____