



Hello! My name is Michael Heim. On behalf of Elmwood Fitness Center, a service of Ochsner Health Systems, its employees, its physicians and our community partners, we are excited about our innovative and community based program called “On the Move – Driving to Fight Childhood Obesity”. This unique program will give school children ages 9-13 an opportunity to learn about health and fitness in a non-competitive environment. Participating children will have the opportunity to engage in group fitness classes and workout on our custom-made weight training equipment specifically designed for children. Furthermore, our licensed dietitian will provide healthy nutrition information while our chef educates the children with a healthy cooking demonstration. Our staff will also perform pre and post measurements and exercise performance to demonstrate the benefits of exercise while keeping all information confidential.

We are confident that all community schools will benefit from this program as Elmwood Fitness Center is proud to take the stance against childhood obesity. Please take the time to fill out the application so we may better serve you!

Thank you for joining the fight against childhood obesity,

Michael Heim
Youth Fitness Manager

School Information:

School Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____
School Number _____
Contact person: _____ Contact Number _____

Facilities:

To provide all children in the fourth and fifth grade equal opportunity to use our services, we will need support from other areas of your school. Please list other areas we may utilize in case of bad weather, participation in aerobic classes, provide lectures and cooking demonstrations.

Access into School:

Must provide ample space for mobile unit that is 8 feet wide and 50 feet long. Access must be on the school grounds. Entrance needs to accommodate 18.5 feet in width. Please list parking areas: _____

Population:

How many 4th graders are in attendance: _____
How many Physical Education teachers work with the 4th graders: _____
Please list Physical Education class times and days: _____
Please provide names of the physical education teachers:

- 1.) _____
- 2.) _____
- 3.) _____

How many 5th graders are in attendance: _____
How many Physical Education teachers work with the 5th graders: _____
Please list Physical Education class times and days: _____
Please provide names of the physical education teachers:

- 1.) _____
- 2.) _____
- 3.) _____

How many 6th graders are in attendance: _____
How many Physical Education teachers work with the 6th graders: _____
Please list Physical Education class times and days: _____
Please provide names of the physical education teachers:
4.) _____
5.) _____
6.) _____

How many 7th graders are in attendance: _____
How many Physical Education teachers work with the 7th graders: _____
Please list Physical Education class times and days: _____
Please provide names of the physical education teachers:
4.) _____
5.) _____
6.) _____

Parental Permission:

Each student *must* have permission forms signed by parents before starting with the “On The Move” program.

School Permission:

Once the school has been accepted to the program each school must sign a site agreement with Elmwood Fitness Center, a division of Ochsner Clinic Foundation.

Additional Information: Please provide

- School Event Calendar for 4th, 5th, 6th, and 7th graders
- Days School will be closed or Vacation Days
- Cafeteria Menu (if applicable) to provide Dietitian
- Notice in advance if a change in the school calendar occurs to avoid a conflict with the Mobile Unit Schedule