**Back in Whack for Teens [BiW4Teens]**

**Parent-Teen Group Program Commitment Contract**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

agree to the following conditions of participation in the BiW4Teens Group Program:

\_\_\_\_\_ I agree to make sure my teen/tween makes it to each group session, to the best of my ability.

\_\_\_\_\_ I agree to visit with my teen/tween after each group session and find out what they learned and

worked on during that day’s session.

\_\_\_\_\_ I agree to work together with my teen/tween to complete home-based nutrition activities

(i.e. plan heathy menus, shop for healthy food, cook healthy meals).

\_\_\_\_\_ I agree to get moving [exercise] with my teen/tween at least 3 times a week.

\_\_\_\_\_ I agree to provide support and encouragement to my teen/tween, anyway that I can, to help

them adopt healthier eating and lifestyle habits.

\_\_\_\_\_ I understand that this program meets weekly for a duration of \_\_\_\_\_ months.

\_\_\_\_\_ I understand that this program helps youth adopt healthier eating and lifestyle habits for life.

These habits can help my teen/tween achieve a healthier weight plus reduce their risk of

developing chronic health conditions like diabetes, heart disease, and cancer.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the teen/tween, agree to the following conditions of  participation in the BiW4Teens Group Program:  \_\_\_\_\_ I agree to attend all group sessions and participate in group activities and exercises to the  best of my abilities.  \_\_\_\_\_ I agree to visit with my parent/guardian after each group session and tell them what I learned  that day and show them pages in the workbook that were completed during group.  \_\_\_\_\_ I agree to work together with my parent/guardian and family members to complete home-based  nutrition activities (i.e. plan heathy menus, shop for healthy food, cook healthy meals).  \_\_\_\_\_ I agree to get a minimum of 3 hours (180 minutes) of physical activity [exercise] per week.  \_\_\_\_\_ I agree to be kind, helpful, and respectful of other youth in the BiW4Teens group.  \_\_\_\_\_ I agree to treat my parent/guardian with respect when they encourage me to eat healthier  and/or get moving more.  Teen Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |