



Upcoming Family Health Forum!

What is it?

Family Health Forums are designed to engage families and their communities to broaden their knowledge of health and wellness as they relate to those with intellectual disabilities and families in general. The goal is to offer an environment where individuals can gain direct access to health information, resources and support.

When, Where and How Much Does it Cost?

- Friday, August 4, 2017 5:00—6:45 p.m.
Campus Center
Carroll University
Waukesha, WI 53186

The forum is free and is made possible by a grant from Special Olympics Incorporated.

Who Can Attend?

The forum is designed for individuals of all ages with intellectual disabilities (ID), as well as their parents, adult siblings, guardians, and all individuals from the community. Limited spaces are available and will be reserved on a first-come, first-served basis.

How To Register

To Register: Complete the attached registration form and e-mail or mail by July 28, 2017 to:

Special Olympics Wisconsin
Attn: Mark Wolfgram
2310 Crossroads Dr., Suite 1000
Madison, WI 53718

Questions: Please contact Mark at (608) 442-5673 by e-mail at mwolfgram@specialolympicswisconsin.org

Schedule

| | |
|----------------|-----------------------------------|
| | Friday, August 4, 2017 |
| 5:00-5:30 p.m. | Registration and Dinner (No Cost) |
| 5:30-5:45 p.m. | Welcome |
| 5:45-6:30 p.m. | Session |
| 6:30-6:45 p.m. | Questions and Sharing |

Welcome

The Family Health Forum is made possible by a grant for Special Olympics Incorporated. We would like to give a special welcome to our presenters who will be providing information, resources and support for the evening.

Kerry Zimdars— MD-MPH Candidate, Class of 2021 University of Wisconsin-Madison

Jamie L. Krzykowski— An athletic trainer for the past 17 years. Certifications: Certified Athletic Trainer (ATC), Licensed Athletic Trainer – Wisconsin (LAT), International Society of Sports Nutrition certified (CISSN), Therapeutic Nutrition Counselor (TNC)

Session Description:

Surveys, one set for athletes and one set for their caregivers, were conducted to gather evidence of the role that caregivers play in the athletes' exercise and eating habits. Given the growing obesity issue in both the general and ID communities, the information gleaned from these surveys was then compared to current SOFit program plans to identify potential areas of needed expansion to foster program impact.

As our athletes get older, so does the family and roles are being reversed so we want to expand on helping the athletes look at nutrition as a family - how to plan for more than themselves, what to look forward and how this affects them. We also want to expand on the fitness aspect for simple things they can do in the home for one, now expand to more family members.

Family Health Forum Registration Form

Registration deadline is **July 28, 2017** or when the family health forum is full. Walk-ins are accepted but dinner may not be available. Lack of registrations may cause cancellation of the event.

Mail or e-mail your registration materials to:

Special Olympics Wisconsin
Attn: Mark Wolfgram
2310 Crossroads Dr., Suite 1000
Madison, WI 53718

OR mwolfgram@specialolympicswisconsin.org
(608) 442-5673

Everyone attending this family health forum, including children, **must** be listed below and will receive a nametag at check-in. You must have a nametag in order to receive a meal. **Please fill in all of the requested information.** Copy this page if more space is needed. Please use the back of this form to tell us about anyone who has special dietary or physical requirements.

Full Name (First and Last): _____

Family Member Individual with ID Other: _____

Mailing Address: _____

City, State, Zip: _____

E-Mail: _____ Telephone: _____

Please check box if you will be joining us for dinner Home Cell Work

Full Name (First and Last): _____

(Complete below information if different from above)

Family Member Individual with ID Other: _____

Mailing Address: _____

City, State, Zip: _____

E-Mail: _____ Telephone: _____

Please check box if you will be joining us for dinner Home Cell Work

Full Name (First and Last): _____

(Complete below information if different from above)

Family Member Individual with ID Other: _____

Mailing Address: _____

City, State, Zip: _____

E-Mail: _____ Telephone: _____

Please check box if you will be joining us for dinner Home Cell Work