



# YOUR PRESCRIPTION TO GET ACTIVE IS FOR:

<p><b>Adult – Senior</b> (18+ years old)</p> <p><input type="checkbox"/> Start with 10 minutes of activity at a time and work up to 150 minutes of activity each week.</p>	<p><b>Child – Youth</b> (2 - 17 years old)</p> <p><input type="checkbox"/> Work up to 60 minutes of heart-pumping physical activity each day.</p>
<p><b>Need a more gentle approach to Getting Active?</b></p> <p><input type="checkbox"/> Avoid sitting and lying for long periods of time. Stand up, take frequent, short walks, and decrease your screen time.</p>	
<p><input type="checkbox"/> Call the Move for Life Physical Activity Coordinator <b>604.787.4045</b> to discuss activation options and find the best fit for you.</p>	

## WHAT ACTIVITY LEVEL IS RIGHT FOR ME?

- Start slow and work up to a level of exercise where you are sweating lightly and breathing harder – you should still be able to have a conversation in short sentences.
- Examples are brisk walking (as if you are late for the bus), bike riding or a water aerobics class.
- Add strength and resistance exercises when ready.

## BENEFITS OF BEING ACTIVE

- Improve your Physical and Mental Health.
- Reduce your risk of Heart Disease by 33-50%.
- Reduce your risk of Diabetes by 25-58%.
- Reduce your risk of Alzheimer’s by 40%.
- Significantly reduce your risk of Hospitalization.

## IDEAS FOR GETTING ACTIVE...

- Visit the Generations Playground.
- Enroll in an aquafit, water walking or gentle joints class at your local pool.
- Consider a pedometer or another activity tracking device and start walking regularly with a friend.
- Start an activity diary and bring to your next appointment.
- Call our Activity Coordinator for more ideas on how to get active.

- Check out our local Community Rec Programs:  
**South Surrey** – 604.592.6970  
[www.surrey.ca/parks-recreation/activities-registration](http://www.surrey.ca/parks-recreation/activities-registration)  
**White Rock** – 604.541.2199  
[www.whiterockcity.ca/830/Guides-Drop-In-Schedules](http://www.whiterockcity.ca/830/Guides-Drop-In-Schedules)

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Healthcare Professional Name/Signature: \_\_\_\_\_

..... MOVE FOR LIFE FUNDING PARTNERS

..... PROJECT PARTNERS

