

SHEBOYGAN FALLS YMCA

305 Buffalo Street, Sheboygan Falls, WI 53085

P 920-467-2464 • F 920-467-4641

www.sheboygancountyyymca.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LEARNING FOR BETTER HEALTH SERIES

In today’s fast-paced world, we may leave the doctor’s office after hearing health risks or diagnoses that leave us seeking our own answers from internet searches or word of mouth. Debunk health scares from questionable sources and get insight from an experienced professional in the medical field. Dr. Robert Wenberg, DO will take time to explain various subjects such as osteoporosis, hypertension (high blood pressure), sleep disruptions/ concerns, among others. Please note, this is not intended to replace your medical provider’s advice, direction or diagnosis, but to offer answers to questions, enabling you to advocate for your health with your own provider.

Dr. Wenberg retired as a physician after 36 years in the family practice field. He is looking forward to continuing his purpose in retirement: offering education to our members and community. At the Falls YMCA we are excited to partner with him to offer this opportunity.

MARCH TOPIC: HYPERTENSION (HIGH BLOOD PRESSURE)

WEDNESDAY, MARCH 12, 2025, 9:00AM

WEDNESDAY, MARCH 26, 2025, 6:00PM

Age 18 & Older

What is hypertension? Learn symptoms, causes and what you can do about it.



Sheboygan County Y Member \$5.00
Non-Member \$10.00

For more information, please contact Jen at the Sheboygan Falls YMCA:
jkovacs@sheboygancountyyymca.org or
920-467-2464 x219

SHEBOYGAN FALLS YMCA 2025 LEARNING FOR BETTER HEALTH SERIES

Please return to Welcome Desk at the Sheboygan YMCA or Sheboygan Falls YMCA

Name _____ Birth Date _____ M F
Address _____ City _____ State _____ Zip _____
Phone 1 _____ Email _____

Hold Harmless Agreement

I hereby agree to waive any claim or liability I may have on the YMCA arising out of use of the facility, and further agree that I will indemnify and save harmless the YMCA from any and all claims brought against the YMCA, its members and volunteers, on account of death, injury, or damage to persons or property received by any persons by reason of the acts or omissions of the users in their use. I also agree to waive any claims against the YMCA, its members and volunteers for injuries or damages that may result from the conduct of other persons, including participants in the program. I understand the above responsibilities and I give permission for myself and/or my child to participate and be photographed in YMCA activities.

Participant Signature _____ **Date** _____

MARCH 2025 HEALTH SERIES

- \$ 5.00 Sheboygan County Y Member
- \$10.00 Non-Member

Email form to: jkovacs@sheboygancountyyymca.org

Payment

Cash Check Credit Card # _____ Exp Date _____ 3 Digit Code _____

Receipt # _____ Amount Paid _____ Rec'd By _____ Date _____