



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY



UHF/Central Bucks YMCA Physician Referral Authorization

Patient is cleared for unsupervised exercise. (Please check box if accurate.)

Precautions/limitations/special conditions we should be aware of:

Patient Information:

Name: _____

Phone: _____ Date of Birth: ____/____/____

_____ I authorize the North Penn YMCA to share monthly frequency reports with Unite for
 (Initial) Her in order to remain eligible for Unite for Her Funding.

Physician/Medical Provider Information:

Name (print): _____

Signature: _____

Date: _____ Phone: _____

Offer includes YMCA 6-month individual membership with personal Y Coach* to help you get connected and navigate our YMCA.

- Please select the North Penn YMCA location that is most convenient for you.
- You must use the facility at least four times a month in order to keep your membership

Be sure to present this certificate from Unite for Her and bring photo identification with you on your first visit.

YMCA STAFF

Sign up as Full Member (Adult/65+)

UFH Code



Central Bucks Family YMCA

2500 Lower State Rd
Doyelstown, PA 18901
215-348-8131

Hello!

We would like to welcome you to the Central Bucks YMCA and look forward to having you join our Y family! As part of your participation with Unite for Her, you will receive a six month individual membership.

The Central Bucks YMCA will provide you with a personal Y Coach* to help you navigate all areas of our Y and help you to connect with our staff and members to support you through your wellness journey.

Please contact Shannon Carroll at shannoncarroll@cbfymca.org or 215-348-8131 if you have any questions about getting started.

