

**UFH/Hamilton Area YMCA  
Physician Referral Authorization**

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

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

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**Patient Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I authorize the Hamilton Area YMCA to share monthly scan reports with Unite for HER in order to remain eligible for UFH funding. Initial here to acknowledge: \_\_\_\_\_

**Physician/Medical Provider Information:**

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

- Please select a YMCA location on the participating branch list that is most convenient for you.
- Be sure to mention you are a Unite for HER participant and bring identification to your first visit.
- You must use the facility at least four times a month in order to keep the membership active.
- If you have questions regarding this program, please contact Unite for HER at [info@uniteforher.org](mailto:info@uniteforher.org).

**Please bring this completed form to your first YMCA visit in order to begin your membership.  
We are looking forward to having you as a part of our YMCA family.**



**Hamilton Area YMCA**  
**1315 Whitehorse-Mercerville Road**  
**Hamilton, NJ 08619**  
**609.581.9622**

The Hamilton Area YMC is looking forward to having you join our YMCA family! Each Unite for HER participant will receive a six-month YMCA individual membership.

Please contact the membership director at [krockhill@hamiltonymca.org](mailto:krockhill@hamiltonymca.org) or 609-581-9622, if you have any questions about getting started.

See you at the Y!

Sincerely,  
The Hamilton Area YMCA

