

**UFH/Indian Family 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 Indian Family 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.

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.



Indian Valley Family YMCA

The Indian Family Family YMCA 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 or 215-723-3569, if you have any questions about getting started.

See you at the Y!

Sincerely,
The Indian Valley Family YMCA

