

**UFH/Princeton 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:

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**Patient Information:**

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

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

I authorize the Princeton 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](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.**



**Princeton Family YMCA**  
**59 Paul Robeson Pl #1**  
**Princeton, NJ 08540**  
**Phone: 609-497-9622**

Dear UFH Participant,

The Princeton 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 Bobby or 609-497-9622, if you have any questions about getting started.

See you at the Y!

Sincerely,

Bobby Dobra  
Director of Membership and Healthy Living  
PRINCETON FAMILY YMCA  
59 Paul Robeson Place  
Princeton, NJ 08540  
P 609 497 9622 ext 216  
F 609 497 9031  
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