



UFH/Body Zone Sports And Wellness Complex 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 Body Zone Sports And Wellness Complex 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: _____

Offer includes six-month individual membership to Body Zone Sports And Wellness Complex.

- 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 visit in order to begin your membership.
We are looking forward to having you as part of Body Zone Sports And Wellness Complex.**



**3103 Paper Mill Road
Wyomissing, PA 19610
bodyzonesports.com
610-376-2100**

Dear Participant:

Body Zone Sports and Wellness Complex is looking forward to having you join our family with your six-month fitness and aquatics membership via Unite for HER.

Additionally, we are thrilled to offer you a complimentary 30-minute new member orientation with one of our trainers to help you navigate all areas of our club and connect you to our many wellness resources. It's the perfect way to jump-start your experience.

Please contact me if you have any questions about getting started. We are here to support you!

Hope to see you soon.

Sincerely,

Jason Kelly
Director of Wellness
jkelly@bodyzonesports.com

