



Dear UFH Participant:

The YMCA of Greater Brandywine is looking forward to having you join our YMCA family. Each Unite for HER participant receives a six-month YMCA individual membership, which provides access to all of seven of our YMCA facilities.

In each of our facilities, you'll find a variety of offerings from our wellness centers which are stocked with cardio and strength equipment to indoor pools and gymnasiums, basketball and pickleball courts, and much more. Additionally, you can enjoy unlimited group exercise with a range of mind-body, cycling, strength, cardio and dance classes—both in branch and online through YMCA360.

To get started, simply complete and bring the form below, along with your valid photo ID, to any of our YGBW locations listed below. We'll see you at the YMCA soon!

YMCA of Greater Brandywine Team  
[www.ymcagbw.org](http://www.ymcagbw.org)

### **YMCA of Greater Brandywine Branches**

Brandywine YMCA  
295 Hurley Road  
Coatesville, PA 19320  
610-380-9622

Oscar Lasko YMCA  
1 E Chestnut Street  
West Chester, PA 19380  
610-696-9622

Jennersville YMCA  
880 W Baltimore Pike  
West Grove, PA 19390  
610-869-9622

Upper Main Line YMCA  
1416 Berwyn-Paoli Road  
Berwyn, PA 19312  
610-647-9622

Kennett Area YMCA  
101 Race Street  
Kennett Square, PA  
610-444-9622

West Chester Area YMCA  
605 Airport Road  
West Chester, PA 19380  
610-431-9622

Lionville Community YMCA  
100 Devon Drive  
Exton, PA 19341  
610-363-9622



**UFH/YMCA of Greater Brandywine**  
Physician Referral Authorization

**Patient Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

You must use the facility at least four times a month in order to keep your membership active. I authorize the YMCA of Greater Brandywine 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**

*Please have your physician complete the following portion.*

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Address: \_\_\_\_\_

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

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