Unite for HER/YMCA of the Roses
Physician Referral Authorization

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

Precautions/limitations/special conditions weshould be aware of:

_____

_____

_____

Patient Information:

Name: _____

Phone: _____ Date of Birth: _____/_____/_____

_____ (Initial) I authorize the YMCA of the Roses to share monthly frequency reports with Unite for Her in order to remain eligible for Unite for Her Funding.

Physician/Medical Provider Information:

Name (print): _____ Signature:

_____

Date: _____ Phone: _____

Offer includes YMCA 6-month individual membership

- Please select the YMCA of the Roses location that is most convenient for you.
- You must use the facility at least four times a month in order to keep your membership

Be sure to present this certificate from Unite for Her and bring photo identification with you on your first visit.

Lancaster – Center City YMCA
265 Harrisburg Ave
Lancaster, PA 17603

Lampeter Strasburg YMCA
800 Village Rd
Lancaster, PA 17602

Hello!

We would like to welcome you to welcome you to the Lancaster Branch of the YMCA of the Roses and look forward to having you join our Y family! As part of your participation with Unite for Her, you will receive a six month individual membership.

Please contact Ashley Ball by email at aball@rosesymca.org or 717.843.7884 for the Center City Lancaster location, or Desi Mencarini by email at rmencarini@rosesymca.org for the Lampeter Strasburg location if you have any questions about getting started.