

YMCA
Medical Release Form

Dear Physician:

_____ has applied for enrollment in the exercise program at the Katy Family YMCA. The exercise program is designed to start easy and become progressively more challenging over a period of time. A more detailed description of the exercise programs is attached. Qualified personnel trained in conducting exercise programs will administer all fitness programs.

By completing the form below, however, you are not assuming any responsibility for your administration of the exercise programs. If you know of any medical condition or other reasons why participation in the exercise programs by the applicant would be unwise, please indicate so on this form in the space provided.

If you have any questions about the Katy Family YMCA exercise programs, please call (281) 392-5055 or correspond via fax at (281) 392-4664.

Report of Physician

_____ I know of no reason why the applicant may not participate.

_____ I believe the applicant can participate, but I urge caution because of the following:

_____ The applicant should not engage in the following exercise activities:

_____ I recommend that the applicant NOT participate in the exercise programs at all.

Physician's signature

Date

Address

Telephone

City, State

Zip Code