



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

KENT COUNTY YMCA MEDICAL CLEARANCE FORM

Dear Doctor:

_____ Is a current member at the Kent County YMCA and has applied for enrollment in an exercise program at our facility. The exercise programs are designed to start easy and become progressively more difficult over a period of time. Qualified staff trained in conducting exercise programs will administer all exercise programs.

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

If you have any questions about the Kent County YMCA's exercise programs, please contact Tina Grilli at 401.828.0130. Completed form can be faxed to 401-821-8480.

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:

The applicant should **not** engage in the following activities:

I recommend that the applicant **NOT** participate.

Physician's Name: _____

Physician's Address: _____

Office Phone: _____ Date: _____

Physician's Signature: _____

The mission of the YMCA of Greater Providence is to build healthy spirit, mind and body for all, through programs, services and relationships that are based on our core values of caring, honesty, respect and responsibility.