

YWCA Greater Newburyport Encore Registration Form

ENCORE PARTICIPANT INFORMATION

First Name:	Last Name:
Street Address:	Emergency Contact/Phone:
City:	State:
DOB:	Email address:
Primary Phone Number:	Secondary Phone #:
How did you learn about Encore:	Where did you receive treatment: Hospital name/Doctors name:
Age at Diagnosis:	Date of Diagnosis:
Diagnosis: i.e. Type/Stage/Grade:	
Household Income: Low income: _____ \$25 - \$49 _____ \$50 - \$79 _____ \$80 - \$100 _____ \$100+ _____	Health Insurance: Y ____ N ____ Private: _____ Medicare: _____

YWCA Greater Newburyport Encore Program: Terms and Conditions

Medical Clearance Form: This certifies that the above named patient is in my care and I have examined him/her and determined that he/she is able to engage in physical exercise in accordance with the Encore Program including gentle land exercise and exercise in the warm water pool.
Doctors signature: _____ **Date:** _____

Photo Clearance Form: I acknowledge that from time to time the YWCA Greater Newburyport takes pictures of its members to include in its own publications and for promotional materials. Unless, signed below, I give my permission to the YWCA Greater Newburyport to use any photographs or photographs of myself and/or my family members in YWCA Greater Newburyport publications and promotional materials.
 _____ Date: _____

I decline to allow the YWCA Greater Newburyport to use any pictures of myself or my family members in publications and promotional materials.

Waiver of Liability: My signature below indicates that I read the YWCA Greater Newburyport Waiver of Liability and accept all terms and conditions:
Participant Signature: _____ **Date:** _____

Class days/times:
Land class: Tues: 11:30 am
Warm water pool classes: Mon/Thurs: 6:15 pm, Tues: 12:15 pm
Contact: Ilene Harnch-Grady
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igrady@ywcaneburyport.org
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