



YWCA Greater Newburyport Encore Registration Form

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	
<p>Photo Release: I acknowledge that from time to time the YWCA Greater Newburyport takes pictures of its participants to include in its own publications and for promotional materials Including videos. Unless I revoke permission in writing, I consent to the YWCA Greater Newburyport using any photograph in YWCA Greater Newburyport publications or promotion materials.</p> <p>Participant signature: _____ Date: _____</p>	
<p>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.</p> <p>Doctors signature: _____ Date: _____</p>	
<p>Waiver of Liability: My signature below indicates that I read the YWCA Greater Newburyport Waiver of Liability and accept all terms and conditions:</p> <p>Participant Signature: _____ Date: _____</p>	
Contact: Ilene Harnch-Grady Health & Wellness Director, Encore Lead Director (978) 465-9922 #13/igrady@ywcanewburyport.org	