
L I V E S T R O N G TM *at the* Y M C A

_____ would like to participate in the **LIVESTRONG at the YMCA** program at the Woodson YMCA. This is a program designed for adult cancer survivors who have recently become de-conditioned or chronically fatigued from their treatment and/or disease. The program includes cardiovascular conditioning, strength training, balance and flexibility activities. A specific, individualized exercise program will be created for the participant based on needs, interests, and any recommendations from the participant's health care provider.

By completing the form below, you are not assuming any responsibility for our administration of the exercise program. If you know of any medical or other reasons why participation in the **LIVESTRONG at the YMCA** program by the applicant would be unwise, please indicate so on this form.

This 12 week course includes 2 sessions per week, with each session lasting an hour and fifteen minutes. We would like each participant to attend at least 80% of the classes. If you have any questions about the **LIVESTRONG at the YMCA program**, please contact Shannon Ramsey at 715-841-1858. You are welcome to email this form to sramsey@woodsonymca.com as well.

Report of Physician

- I believe the applicant will be able to participate and complete this course at this time. I know of no reason why the applicant may not participate.
- I believe the applicant can participate but may have limitations or may miss classes due to:
1) severity of disease 2) co-morbidities.
- I believe the applicant should defer this course until completion of therapy.
- The applicant should not engage in the following activities:

- I recommend that the applicant NOT participate in the program.

Physician signature: _____ Date: _____

Email address: _____ Phone: _____