



**Evidence Based Health Intervention Programs  
Preliminary Registration Form**

LIVESTRONG® at the YMCA     Pedaling for Parkinson's™     Enhance®Fitness

*Please note: Be sure to fill out all information as fully and clearly as possible in order to get accurate information to you.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Health concern: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Preferred phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_

Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_

How did you find out about this program?  
\_\_\_\_\_

When is the best day and time to contact you? \_\_\_\_\_

What is your preferred method of contact? \_\_\_\_\_