

Health for Life Registration

Name _____
Address _____

Phone _____

Method of Payment

- Check
 Cash
 Visa
 MasterCard
 American Express

Credit Card # _____ Exp. date _____
Signature _____

Participant Release Form

I certify that I have notified my physician regarding my participation in this program.

I, the undersigned, hereby certify that I will adhere to any and all activity restrictions given to me by my physician.

Physician name: (print) _____

Participant name: (print) _____

PRESENTED BY:

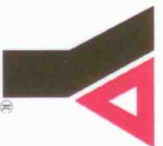
ACMC Rehabilitation Services Dept.
Physical, Occupational, and
Speech Therapy
2515 Lake Avenue
Ashtabula, Ohio 44004
440-997-6680

PREMIERE *fitness*

Ashtabula County
Medical Center
ACMC Healthcare System

An affiliate of
 Cleveland Clinic

YMCA of Ashtabula



263 W. Prospect Rd.
Ashtabula, OH 44004
Phone: 440-997-5321

Thank you to our Sponsor:

THE LODGE AT
GENEVA
ON THE LAKE
OHIO'S WINE COUNTRY RESORT

HEALTH

for

LIFE

Presented by:

Ashtabula County
Medical Center

&

YMCA of
Ashtabula

Registration:
Begins January 20th
at

ACMC Health Fair

Program:

February 3, 2010

Through

May 19, 2010

