



Community Fitness Program Registration Form

AT THE FOREFRONT OF MEDICINE*

Date Registered _____

Personal Contact Information

First Name _____

Last Name _____

Mailing Address _____

**Residing
Community Area** _____

Phone Number _____ **Fax
Number** _____

Email Address _____

T-Shirt Size
 Small Medium Large XL 2XL

Other Needs _____

Emergency

**Emergency
Contact Name** _____

**Emergency
Contact Telephone
Number** _____

**Did you get your physician's
approval** _____

Signature _____

Registration is every second Friday of the month.

For questions or more information, call 773/702-5600
or
E-mail to outreach@uchospitals.edu