



ROCKAWAY TOWNSHIP
65 MOUNT HOPE ROAD, ROCKAWAY, NEW JERSEY 07866
DEPARTMENT OF COMMUNITY SERVICES

2026 Authorization for Guided Exercise Programs including standing and seated aerobics, standing and seated resistance exercise, and standing and seated flexibility exercises. Sample exercise classes may include but are not limited to yoga, tai chi, elastic exercise bands, ankle weights, marching in place, and static stretching.

Participant's section: Please print the information requested in the spaces below prior to forwarding this form to your physician for their review and signature. Please return the completed authorization form to the Division of Health prior to beginning classes. This form is **REQUIRED** for participation in any township sponsored exercise programs.

Participant's Name

Physician's Name

Address

Address

Phone Number

Phone Number

Physician's section: Your patient has contacted the Rockaway Township Division of Recreation to request participation in one or more of the exercise programs listed above. In accordance with our policies, a physician's authorization is required for their participation for the year 2026. **Please discuss with your patient any limitations or special precautions they should take while participating in an exercise program.** Please sign in the space provided below to authorize your patient's participation. Please feel free to contact Susan Gaeb, Recreation Supervisor, Rockaway Township Division of Recreation at (973) 983-2841 with any questions or comments. Thank you.

_____ may attend the Rockaway Township Division of Recreation exercise programs as described above.

Authorizing Physician's Signature

Physician License No.

Date