



**Galter**  
**LifeCenter**

The science of feeling better

## **Perinatal Exercise Classes Medical Permission Slip**

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(Participant's Name)

Has my permission to participate in  
Galter LifeCenter's Perinatal Fitness Program.

Physician/Midwife Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Special Restrictions:

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