

**RETURN TO SPORT PROGRAM
ENTRY FORM**

ATHLETE INFORMATION (Please print all information)

Last Name: _____ First Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Home phone #: (____) _____ Sex: M F Date of Birth: _____
 Cell #: (____) _____ Age: _____

PARENT INFORMATION

Last Name: _____ First Name: _____
 Home phone #: (____) _____ Cell #: (____) _____

SPORT INFORMATION

Please list the sports that you participate in: _____
 Sport Level: Varsity Jr. Varsity B Squad 9th Grade 8th Grade 7th Grade
 Other: _____
 School: _____ Coach: _____
 Coach Phone #: (____) _____ Do you want us to contact your coach and update him/her on your progress? YES NO

INJURY INFORMATION

The injury involves: Foot/Ankle Knee Hip Shoulder Elbow Wrist Hand
 Description of Injury: _____
 Physical Therapist: _____ Phone # (____) _____
 Physician: _____ May we your contact physical therapist and/or Physician? YES NO

PAYMENT INFORMATION

\$40.00 per session for a total of _____ sessions \$250.00 for 10 sessions
 Check (Payable to Heartland Orthopedic Specialists) Credit Card #: _____
 Cash Visa Discover Exp. Date: _____
 American Express Master Card 3 digit security code (back of card): _____
 Signature: _____

Please send this form with payment to: Heartland Orthopedic Specialists, Attn: Rich Hardy, 111 17th Ave E Ste 101, Alexandria, MN 56308

By your payment, you waive and release any and all claims, demands and causes of action which you may have or anyone may have through you against Heartland Orthopedic Specialists and Douglas County Hospital or any parties involved in the Return to Sport program, for any injuries that you may incur or arising out of in any way. I further understand and acknowledge that any parties involved shall have any responsibility or liability for loss or damage of stolen personal property.

Athletes Signature: _____

If athlete is under the age of 18:

Parent(s)/Legal Guardian Signature: _____