

## Client Registration Form

Patient Name (Last, First M.I.) \_\_\_\_\_

Address \_\_\_\_\_ Gender M / F  
Street City State Zip Code

Home Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Work Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

E-Mail \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Married\_\_ Single\_\_ Other\_\_

Emergency Contact Person \_\_\_\_\_ Relation to Patient \_\_\_\_\_

Phone Number \_\_\_\_-\_\_\_\_-\_\_\_\_

How did you learn of Sport + Spine? (Circle)

Physician / Phonebook / Friend Name/Other \_\_\_\_\_

Do you have any current injuries? \_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_



# Waiver

To participate in any training or activities in this facility or offsite by any staff members of this facility, you are required to complete and sign this release form.

I, \_\_\_\_\_ (participant's name), acknowledge that attendance at or use of Sport & Spine Physical Therapy's facilities, or participation in any of Sport & Spine Physical Therapy's activities or programs could cause me injury. I also acknowledge that my participation in the activities and programs and my use of the equipment at Sport & Spine Physical Therapy is voluntary and I understand and assume all risks that may arise from this participation including, but not limited to, personal injury, death, property loss or other damages.

I hereby, on behalf of myself, my heirs, executors, administrators and assigns, fully and forever waive, release and discharge any and all rights and claims for any and all damages, injuries and losses, whether, monetary, compensatory or otherwise, that I may have against Sport & Spine Physical Therapy and its employees, agents, subcontractors or any other representatives for any and all injuries sustained by me arising out of my participation in the programs and/or activities.

I understand and agree that medical or other services rendered to me by or at the recommendation of any of the above-described parties is not an admission of any liability by any of the above-described parties providing or recommending such services. I agree to hold the above-described parties harmless and indemnify them from all claims, damages, judgments and costs of whatever nature and form arising from such care or treatment. I also acknowledge that should I require transportation to a medical care facility, I am responsible for payment of the charges for any such transportation and any such treatment.

Sport & Spine Physical Therapy recommends that each participant be examined by his/her physician before participating in any training or conditioning programs. If you have any questions please call 913-642-7746.

\_\_\_\_\_  
Patient/Legal Guardian's Signature

\_\_\_\_\_  
Date

