



Community Physical Therapy

Rehabilitation & Sports Medicine Services

Apple Valley Plaza
360-9 North Main Street
Southington, CT 06489
Phone: (860) 621-7389
Fax: (860) 621-2586

Michael Daley, PT

Sports Injury Clinic Permission Form

Participant Information

Full name: _____ Age: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____

Parent/Guardian name (please print):

I _____ allow my child _____ to participate in the
(parent/guardian) (Child's Name)

*sports injury clinic held at American Gymnastics. The clinic is staffed by
physical therapists from Community Physical Therapy.*

Parent/Guardian Signature: _____

Telephone Number (day): _____ Night: _____

Alternate Emergency Contact: _____

Telephone Number (day): _____ Night: _____

Allergies/Medical Concerns: _____