



# 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: \_\_\_\_\_