

# NORWICH ORTHOPEDIC GROUP, P.C.

•Physical Therapy •82 New Park Avenue •North Franklin, CT 06254  
•(860)823-6221 Phone •(860) 885-7226 Fax

## REGISTRATION FORM

ATHLETE INFORMATION					
Athlete's last name:		First:		MI:	
Birth date: / /		Age:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address:			Cell # :	Home Phone # :	
P.O. box:	City:		State:		ZIP Code:
Sports:		Position:		E-mail address:	
Name of Primary Care Physician:				MD Contact # :	
Orthopedic Physician:				MD Contact # :	
INJURY HISTORY					
Previous Injuries:					
Currently Treated by: <input type="checkbox"/> MD <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Other					
Name of Physician (if applicable):			Name of Physical Therapist (if applicable):		
ELITE 2011 STRENGTH AND CONDITIONING CAMP					
Please select location <input type="checkbox"/> Norwich Free Academy <input type="checkbox"/> Lyman Memorial					
Dates: June 27- August 26 Monday -Friday			Times: <input type="checkbox"/> 10-12pm <input type="checkbox"/> 1-3pm <input type="checkbox"/> 3-5pm		
<input type="checkbox"/> 8 Sessions \$80	<input type="checkbox"/> 12 Sessions \$120	<input type="checkbox"/> 16 Sessions \$152	<input type="checkbox"/> 20 Sessions \$185		
<input type="checkbox"/> 24 Sessions \$220	<input type="checkbox"/> 28 Sessions \$235	<input type="checkbox"/> 32 Sessions \$260	<input type="checkbox"/> Single Session \$15		
IN CASE OF EMERGENCY					
Emergency Contact:		Relationship to Athlete:		Phone number:	
				( )	
Athlete/Guardian signature (if under 18 yrs of age):				Date:	
PAYMENT					
<input type="checkbox"/> Check - Please make checks payable to Norwich Orthopedic Group (Summer Program in Memo)					
<input type="checkbox"/> Credit Card		Card # :		Exp. Date:	
<input type="checkbox"/> Cash		Amount:			

**CAMP REGISTRATION, WAVIER FORM AND  
MONEY DUE BY FRIDAY JUNE 10TH!!!**

THERE WILL BE NO REFUNDS.