



ADVANTAGE

*Physical Therapy &
Sports Performance*

LIFE-CHANGING RESULTS

We are committed to excellence in rehabilitation, injury prevention, sports performance and wellness, utilizing hands-on physical therapy techniques and evidence based exercise prescription. Our passion is to help you achieve *life-changing results*

www.advantageptsp.com

SPORTS CLIENT REGISTRATION

Last Name: _____ First Name: _____

Age: _____ Height: _____ Weight: _____ Date of Birth: _____

Address: _____

City/State/Zip _____

Home Phone: _____ Work Phone: _____

Employer/School/University _____

Check primary sport and check other sports in which you are active.

Golf ___ Baseball ___ Softball ___ Basketball ___ Football ___ Soccer ___ Other _____

Do you take lessons? _____ If so, from whom? _____

List any injuries you have had: _____

What are your specific goals in this sport? _____

How did you hear about us? _____

Who may we contact in case of an emergency?

Name: _____ Phone: _____

Client signature: _____ Date: _____