FAST
Fitness And Sports Training

Helping girls of today become athletes of tomorrow and leaders for a lifetime

PARTICIPANT APPLICATION

Name:	T-Shirt Size (unisex adult size) check one: ❑ S ❑ M ❑ L ❑ XL
Parent/Guardian:	
Address:	Favorite sports:
City: State: Zip:	
Telephone (Day): (Evening):	
Parents' Email:	
School:	
D.O.B.	
Entering Grade:	
Emergency Contact Name /Phone:	

A physical exam, performed within the last two years, is required to be attached to this form.

MEDICAL RELEASE

Name:	***HEALTH HISTORY***
Parent/Guardian:	**Medications:** A separate prescription medication record form must
Parent/Guardian Telephone (Day):	be completed for each medication.
Parent/Guardian Telephone (Night):	**Medication History:** Medical condition(s): which would require
Emergency Contact Name/Phone:	special attention:
HEALTH INSURANCE	
Carrier:	Policy Number:
Policy Holder:	Holder's D.O.B.

Program will take place 6/25 - 6/29/11. Total fee is $200. A $50 deposit is due with this application.
Please make checks payable to: *Williamstown Physical Therapy - F.A.S.T.*
Mail applications to: Williamstown Physical Therapy, 212B Main Street, Williamstown, MA 01267

I hereby certify my child is physically able to participate in the F.A.S.T. program and that I know of no restrictions, physical impairments, or any other condition, other than noted above, which would limit, in any manner, his or her participation in this program.

Parent/Guardian Signature Date

WILLIAMSTOWN PHYSICAL THERAPY

www.williamstownpt.com
For more information call or email: Dave Armet: 413-458-8090; Dave@williamstownpt.com
or Sue Wells: 413-458-2442; spwells@adelphia. net