



Sports Medicine Program for Young Athletes

Sports Performance and Injury Prevention Program

Registration Form

Date _____ I'm registering for the _____ class.

Patient Information:

Child's First Name _____ Last Name _____
 Age _____ DOB ____ / ____ / ____ Gender Female Male Grade _____
 Sport _____
 Parent/Guardian Name _____ Relationship _____
 Daytime Phone _____ Alternate Phone _____
 Parent/Guardian Name _____ Relationship _____
 Daytime Phone _____ Alternate Phone _____
 Child's Address _____ City _____ Zip _____
 Emergency Phone Number _____ Email _____

Background information:

How did you learn about the class? _____
 What do you hope to accomplish for your child? _____
 Is there anything we need to know in order to better understand your child (e.g. recent injury, sports goal, learning disability)? _____
 Is there anything you would especially like for us to include in the class? _____
 What other sports training programs has your child tried? _____

Children's Clinical/Health History:

Has your child had any of the following?

Please check Yes or No	Yes	No
Allergies		
Anemia, blood disease, bleeding tendencies		
Nutrition concerns		
Arthritis, rheumatologic disease		
Diabetes		
Epilepsy, seizures, fainting, concussion		
Family history of heart disease before age 50		
Heart abnormality/arrhythmia		
Hernia		
High blood pressure		
History of fractures		
Neurological disorders		
Physical disability or impairment that needs special attention		
Thyroid problem		

Is there any reason your child shouldn't exercise? _____

Are there any other physical or mental problems we should know about? _____

Child's Physician _____

May we contact the physician for pertinent information?

Yes No Phone # _____

Current medications _____

Health insurance _____

Sports Medicine Center's sports performance and injury prevention classes are not a covered service for insurance carriers.

Payment is due at time of registration. Please mail this completed registration form and \$300 to Children's Hospital Oakland, Sports Medicine Center, 744 52nd St., Oakland, CA 94609 or fax to 510-597-7045.

For questions or registration confirmation, please call the Sports Medicine Center at 510-428-3558, ext. 3.