



## Client Registration Form & Contact Information

*Client Name*

*Guardian Name*

Street Address

Check if same as client

City

Street Address

State / Zip

City

Home Phone

State / Zip

Cell Phone

Phone

Date of Birth

*Emergency Contact*

Name

Phone

### ***Release of Medical Information***

I hereby authorize Fried Center for the Advancement of potential (FCAP) and David Luedeka DPT, CSCS and his associates, to release any information acquired in connection with my training/therapy services, including, but not limited to, diagnosis and clinical records, to any appropriate parties.

### ***Authorization to Treat a Minor***

As a parent or guardian, I authorize the treatment of the minor client named above. I will be responsible for all fees due at the time of service.  *Check if applicable*

### ***Financial Policy***

FCAP is a nonprofit organization whose goal is to advance the well being of persons with intellectual disabilities by helping them achieve their highest level of athletic potential. There are costs associated with this care, and to help offset those costs, all clients will be charged fees based on a sliding scale. FCAP reserves the right to require proof

of income in the determination of these fees. These fees are due at the time of service. Please ask a representative for details regarding the sliding scale fee structure.

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Signature of Client or Parent or Guardian

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Date

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Printed Name