



## 3 Dimensional Physical Therapy Female Injury Prevention Program

### **ACKNOWLEDGEMENT OF RESPONSIBILITY AND INFORMED CONSENT**

I would like my child to participate in the Female Injury Prevention program with 3 Dimensional Physical Therapy. I understand that this activity entails a risk of injury, and that when young people are engaging in sports performance training or testing, accidents can happen even when there is supervision. I know that my child and I bear some responsibility for minimizing the risk of injury. I will talk with him or her about the importance of safe behavior.

1. **HEALTH NEEDS.** My child has no health-related condition or disability that limits his or her ability to participate in the program or activity. Please provide any pertinent health information to the physical therapists directly.
2. **EMERGENCY.** In case of a medical emergency occurring while my child is participating in a program or activity, I authorize 3DPT, in advance, to secure whatever treatment it deems necessary. 3DPT may take such actions as it considers to be warranted under the circumstances for my child's health and safety. I agree to bear the expense for any emergency medical treatment and release 3DPT from liability for the same.
3. **RULES AND REGULATES.** I have directed my child to listen and be mindful of all safety instructions provided to him or her, and to abide by all program rules.
4. **BEHAVIOR.** 3DPT reserves the right to remove or restrict a child who does not listen to instructions, engages in bullying, hostile behavior, or other actions that interfere with the conduct of the program.

I HAVE READ THIS ACKNOWLEDGEMENT. I UNDERSTAND AND ACCEPT IT.