



## Linde Physical Therapy

3913 Old Lee Highway, Suite 31C

Fairfax, VA, 22030

Phone: (703) 877-2224

Fax: (703) 277-1962

Web Page: [www.lindept.com](http://www.lindept.com)

### GOLF PROGRAM REGISTRATION

Last Name:	First Name:
Address:	
City, State, Zip:	
Home phone:	Work phone:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status: <input type="checkbox"/> M <input type="checkbox"/> S
Date of Birth:	Social Security:
Employer Name:	
Employer Address:	
City, State, Zip:	
E-Mail:	

### General Information

Age:	Height:
Weight:	Occupation:
Do you take golf lessons? <input type="checkbox"/> YES <input type="checkbox"/> NO	From whom?
Handicap:	

How did you hear about us?

Who may we contact in case of an emergency?	
Name:	Phone:



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## AGREEMENT AND RELEASE OF LIABILITY

I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and the use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physicians permission to participate, or that I have decided to participate in activity and use of equipment and machinery without approval of my physician and do hereby assume all responsibility for my participation and utilization of equipment and machinery in my activities.

## CANCELLATION POLICY

***Linde Physical Therapy Inc.*** wants to ensure that each patient will receive the utmost in quality care and that each patient will have regularly scheduled appointments according to their needs. Consequently, if you must cancel an appointment we request that you provide our scheduling office with at least 24 hour notice. If you cancel or miss an appointment without providing the required 24 hour notice you may be charged \$60.00. The \$60.00 charge will be added to your account and due in full at the time of your next scheduled appointment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_