



Dear Participant,

Thank you for your registration in our Edge program! You have made the first step in preparing for a successful future in your athletic endeavors. This program is designed to be tailored to your needs, so please take your time in filling out your Participant Information Sheet so we may do our best to help you meet your goals. This form is enclosed, along with a few others listed below. Please remember to bring them along on your first day so we can get right to work!

- Participant Information Sheet
- Consent Form for External Commercial Filming
- Acknowledgement of Confidentiality
- Waiver of Liability and Informed Consent

Please arrive in comfortable clothes that you can exercise in—you will work up a sweat! Water is provided, although you may want to bring your own water bottle to keep with you during your program. Towels are also provided. If you have any further questions, please feel free contact us:

Emily Shepley, DPT at (920) 568-6517 / Emily.Shepley@forthc.com

Kristen Haverkamp, DPT, OCS at (920) 568-6561 / Kristen.Haverkamp@forthc.com

See you on your first day!

Participant Name: _____

Number of Sessions: _____ Paid: _____

Scheduled Date(s): _____

Location: **Fort HealthCare**
Therapy & Sport Center
1504 Madison Avenue
Fort Atkinson, WI 53538

Please check in with the receptionist when you arrive.



PHONE: (920) 563-9357

FAX: (920) 568-6545

WWW.FORTHEALTHCARE.COM/SERVICE/THERAPY