

S.P.O.R.T.*



FOUNDATION

SMITTY'S PLAN FOR ORTHOPEDIC REHABILITATION & TRAINING

136 Homeport Lane ♦ Danville, VA 24540

Phone: (434) 429-1590 ♦ Fax: (434) 792-2818

Email: aarontayloratc@gmail.com

Level A Bracing Application (less than \$100.00)

Instructions: Please fill out sections **A** through **D** below. Only complete applications will be considered for bracing assistance. Section **E** is to be filled out by S.P.O.R.T. Foundation officers only. Upon approval, the Foundation will assist you with the cost of the brace. Thank You.

A. Demographics

Today's Date: _____

Name of Athlete: _____ DOB: _____ School: _____

Sport: _____ Physician: _____ Injury Site: _____

Parent/Guardian: _____

Complete Address: _____

Home Phone: _____ Cell Phone: _____ Grade in School: _____

B. Bracing Order

Injury/ Functional Issue: _____ L or R?

Date of Injury: _____ Brace/Equipment: _____

Retail Cost of Brace Equipment: \$ _____ Athlete/Parent's Payment:\$ _____

S.P.O.R.T. Foundation Payment: \$ _____

Have you received a S.P.O.R.T. Foundation brace before? _____

C. Consent Agreement

The above information is accurate and true to the best of my knowledge. I understand that this is just an application for a brace, and not a guarantee that the S.P.O.R.T. Foundation will provide a brace/equipment. I also understand that it is my responsibility to care for and maintain possession of the brace. If I lose the brace, I will not be considered for another brace. Lastly, I am aware that the S.P.O.R.T Foundation, upon approval, will assist with the cost of the brace.

D. Signatures (Both Signatures are Required for Completion of Application)

Athlete: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

E. Approval (for official use only)

Official approval granted: YES NO If "NO", give reason: _____

Athlete compliant with Treatment Protocol? YES NO

Approved by: _____ **Date:** _____

_____ **Date:** _____