



**Intensive
Therapeutics** INC.

Administrative Office:
70 Darlington Drive
Wayne, NJ 07470
973-771-1582

**SPORTS AND MOVEMENT PROGRAM
REGISTRATION FORM**

Child's Name: _____

DOB: _____ Diagnosis: _____

Parent's Name(s): _____

Address: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Back-up Number: _____

Email Address: _____

MEDICAL INFORMATION

Medications: _____

Allergies: _____

Other pertinent information? _____

HISTORY

Please describe briefly past attempts of participation in sports and current status:
