



**Gary M. Souza, P.T.
& Associates
PHYSICAL THERAPY**

All your physical therapy needs in one location:

- Lower back pain
- Neck pain
- Shoulder pain
- Wound care
- Headaches
- Hand rehabilitation
- Knee pain
- Workers' Comp.
- TMJ dysfunction
- Sports injuries

The most up-to-date facilities including:

- Computerized strength testing
- Therapeutic spa
- Biofeedback
- Sensory testing
- Functional Capacity Evaluations
- Back programs
- Work conditioning
- Cardiovascular equipment

Convenience where it counts:

- Early morning, evening & same-day appointment
- Most insurance accepted & filed for you
- Visa & MasterCard accepted
- Flexible & affordable payment plans

Dear Parent/Guardian:

PHYSICALS THURSDAY MAY 16, 2012 @ 2:15-6:15pm @ DIAMOND BAR HIGH SCHOOL

We at Gary M. Souza, PT & Assoc. see a need in the community to provide a comprehensive sports oriented screening of the athlete. This screening is designed to compliment the examination of the team or family physician.

Current research in the sports medicine field suggests that pre-season screening of athletes may greatly reduce the frequency and severity of previous injuries or variations in body build and posture, which may predispose the athlete to injury. Dr. Ole Heggeness and associates will be providing the physician's exam required by C.I.F. for your son/daughter to participate in school athletics. This athletic screening will be included with the physician's exam, both for a charge of \$30.00. **PLEASE HAVE A CHECK MADE OUT TO DIAMOND BAR HIGH SCHOOL.** Athletes should wear shorts and tank tops for the examination.

Gary M. Souza, PT

I, _____, as the parent/guardian of

_____ grant my permission for him/her to participate in the athletic screening program by Gary M. Souza, PT & Associates and physical exam given by Dr. Ole Heggeness. I understand that his/her having passed or failed this athletic screening does not necessarily indicate that he/she is physically neither qualified nor unqualified to engage in athletics. I understand that any areas of concern identified through this screening may be brought to the attention of the athlete's physician for diagnosis and /or treatment. I understand this screening is not diagnostic.

I understand athletic competition may result in bodily injury & agree to hold harmless Dr. Ole Heggeness and associates and Gary M. Souza, PT & Assoc., and their personnel against liabilities.

PARENT/GUARDIAN _____ **DATE** _____

ATHLETE _____ **DATE** _____