



Athlete Information

To be completed by: Athlete Parent/Guardian Doctor/Trainer/Coach

Thank you for taking this important step by applying to the Kinetik Foundation. If accepted into our program, you will receive the same rehabilitative treatments that our Olympian clients do. You can't get this level of care anywhere else.

Athlete's name _____

Email address _____

Phone number _____

Gender _____ **Age** _____

School _____

Graduation yr _____ **GPA** _____

Sport(s) and position/event _____

Our mission is to create opportunities for underserved student-athletes who have a path to college through sports. We keep athletes in play by preventing and treating traumatic injury.

Kinetik Foundation - 7323 Engineer Rd Ste A - San Diego, CA 92111

Athlete's Personal Statement

To be completed by: Athlete Parent/Guardian Doctor/Trainer/Coach

We want to know more about you.

Please write a few paragraphs describing your commitment to your sport and your athletic goals. For example, what is your proudest athletic achievement? What do you hope to do with your sport after high school?

How has this injury affected you?

Parent/Guardian Information

To be completed by: Athlete Doctor/Trainer/Coach

Thank you for taking this important step. Kinetik Foundation athletes receive the same rehabilitative treatments that our Olympian clients do. By choosing the Kinetik Foundation, you are investing in your child's future with a quality of care you can't get anywhere else.

Your name _____

Email address _____

Phone number _____

Mailing address _____

Athlete's name _____

Athlete's school _____

**Your relationship
to athlete** _____

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Insurance Questionnaire

To be completed by: Athlete Parent/Guardian Doctor/Trainer/Coach

Kinetik Foundation's rehabilitation services are free. We do not bill insurance. Having insurance does NOT disqualify your athlete from care. Your answers to the following questions will allow us to determine eligibility for financial sponsorship. All information will be kept confidential and will only be used for this purpose.

Is your child currently covered by medical insurance? ☐ yes ☐ no

If no, please elaborate _____

Regarding your child's medical insurance policy:

Insurance provider _____ **Policy type** _____
HMO, PPO, etc.

Monthly premium _____ **Deductible** _____
Amount you pay Yearly

Physical therapy coverage _____ **PT co-pay** _____
Visits/yr or \$/yr \$/visit

Statement of Financial Need

To be completed by: Athlete Parent/Guardian Doctor/Trainer/Coach

Why would payment for your child's injury rehabilitation create a financial hardship? Please respond in English or Spanish, if possible.

Financial Status

To be completed by: Athlete Parent/Guardian Doctor/Trainer/Coach

**Does your household currently
receive government assistance/
benefits? If yes, please elaborate.**

Annual household gross income

adults in your household

children in your household + ages

By signing your name below, you are certifying that your statements on this application are true and correct to the best of your knowledge. A false statement may disqualify your athlete from financial sponsorship.

Parent/guardian signature

Date

Printed name

Doctor/Trainer/Coach Info

To be completed by: Athlete Parent/Guardian Doctor/Trainer/Coach

Thank you for referring this athlete to us. Kinetik Foundation athletes receive the same rehabilitative treatments that our Olympian clients do. By choosing the Kinetik Foundation, you are investing in this athlete's future with a quality of care they can't get anywhere else.

Your name _____

Email address _____

Phone number _____

**Where you work
or coach** _____

Athlete's name _____

**Your relationship
to athlete** _____

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Current Injury Status

To be completed by: Athlete Parent/Guardian Doctor/Trainer/Coach

Understanding the athlete's current injury and history will help us assess whether they are a good fit for the Kinetik Foundation. Please be as technical as possible, as this will allow us to develop a better treatment plan should they be accepted into our program. All information will be kept confidential and will only be used for this purpose.

Please describe the athlete's injury, including how and when it happened.

Diagnosis by Dr? _____

MRI, x-ray? When? _____

Surgery? When? _____

PT? When? _____

Summary of Injury History

To be completed by: Athlete Parent/Guardian

Doctor/Trainer/Coach

Has the athlete been injured in the past? If so, how was the injury rehabilitated (if at all)? Please include any other information relevant to the athlete’s injury history.

Prior ankle sprain? _____

Prior knee injury? _____