



DELTA HEALTH & PERFORMANCE CLINIC

Authorization for Credit Card Use

Complete this authorization form and submit it online with your Delta Hockey Academy registration package. All information will remain confidential.

I _____ (parent name) give permission for my son/daughter _____ (player name) to use the services in the Delta Health & Performance Clinic when needed and I accept that my credit card will be on file and will be charged after each session.

Name on Card: _____

Billing Address: _____

Phone number: _____

Credit Card Type: _____ Visa _____ Mastercard _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

PHYSIOTHERAPY:

- Initial Assessment: \$85
- Follow-up treatment: \$70

ATHLETIC THERAPY

- Initial Assessment: \$70
- Follow-up treatment: \$55

MASSAGE THERAPY

- 1 hour: \$110
- 45 min: \$85
- 30 min: \$60

I authorize the Delta Health and Performance Clinic to charge my credit card based on the pricing listed above after the treatment of _____ (player name). I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

I do not give my son or daughter permission to use the Delta Health and Performance Clinic for the services listed above.

Signature: _____

Date: _____

Print Name: _____