



Youth Sport Sponsorship Request Form 2022

Team name & sport _____

Team Director/Supervisor/Organizer(s) _____

Contact email _____ Contact# _____

Team Athletic Director/Coach(s) _____

Contact email _____ Contact# _____

Team mailing address _____

Number of team players _____ Age ranges _____ to _____ Seasons of experience average _____

Boys _____ Girls _____ Special consideration _____

All players with pre-participation exam? Yes No, why _____

Any players with a history of concussion or suspected concussion? Yes No _____

Does your practice & play strategy allow or encourage head-butting or heading the ball? Yes No

Have you ever had a team physiotherapist or game-side sports medicine support? Yes No

Please explain why a sports medicine sponsorship is important to your team this season _____

Please scan and email, or print and postal mail to SpineSync Attn: Youth Sport Sponsorships 2022

Thank you, Dr. Forester Dean, program manager