

Knee Injury Prevention Program (KIPP) Payment Form for Credit Card or Check

PLEASE PRINT

Student Name: _____

Parent/Guardian: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Method of Payment (Please check one)

Visa _____ Mastercard _____ Discover _____ American Express _____ Check _____

Credit Card number: _____

Expiration date: _____

Name as appears on Credit Card: _____

Amount to be charged: _____

Signature of Card Holder: _____

For Checks

Check number: _____

Check amount: _____

Fax this form when completed to 773.327.1166 or mail to:
Institute for Sports Medicine
Children's Memorial Hospital
2300 Children's Plaza, Box 69
Chicago, IL 60614



The Institute for Sports Medicine is comprised of a team of specialists with expertise in the treatment and prevention of the sports-related injuries and medical conditions unique to children and adolescents.