



Hi Coach,

Is your team looking for injury prevention education and financial sponsorship this season? Let us sponsor your team or group!

We are accepting limited sponsorships for the coming year of 2021-2022, and we want your team to be one of them. We believe in giving back to our community, especially patients and their families who support us, and we love taking care of athletes, kids and groups that need attention because of the demand being placed on their bodies.

We are envisioning a stronger, healthier, and happier generation growing up in our community. We want to invest in them. When we sponsor a team, we do an Injury Prevention and Athletic Safety presentation/demonstration (engaging and informative!) with the team and their parents - ideally at the end of the preseason meeting. We want the athletes we sponsor to have a successful season and be educated on how they can perform at their best. The presentation is typically around 5-10 minutes.

We are involved in a nationwide organization called Team Doc, which supports local athletic teams. Feel free to forward this information on to your team's Booster Club, Sponsorship Coordinator or Athletic Board!

Sponsorship Includes:

- Free Functional Movement Screening for All Players (at our office, to be scheduled at a time convenient to the family).

All professional and collegiate athletes use this screening tool to help prevent injuries and get a baseline of the athlete's movements. There are 7 total functional movements that track all necessary ranges of motion of the athlete.

- Free 60-minute massage for coaches
- Sponsorship money is based on the number of athletes/participants on the team or group.

Omega Chiropractic • Dr. Ian McCann
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Alyson McCann, Sponsorship Coordinator: swmetrowellness.outreach@gmail.com

WE SPONSOR TEAMS

Omega Chiropractic Team Sponsorship Interest Form

If you are on a team or know of a team that would like to be sponsored by Omega Chiropractic, please fill out this form and submit to the front desk. We sponsor local School Teams, Clubs, Adult, & Little League.

Your Name: _____

Your Relationship to the Team: _____

Team Name: _____

Team Type: _____

Location: _____

Age Range: _____

Active Season: _____

Point of Contact + Email/Phone: _____

Booster Contact + Email/Phone: _____

Additional Notes: _____



Contact Aly McCann at swmetrowellness.outreach@gmail.com
or ask Dr. Ian at your next appointment with questions.