

**Full Name**

**Email Address**

**Gender**

**Street Address**

**City**

**Province/Region**

**Zipcode**

**Country**

**Date of Birth**

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☐ I agree to these terms.

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**Does your child have any health concerns we should know about?**

☐ Yes ☐ No

**If so, explain.**

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**Is your child on any kind of medications or supplements?**

☐ Yes ☐ No

**If so, what?**

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**Does your child play any sports?**

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**Is there anything you feel we should know?**

☐ Yes ☐ No

**If so, what?**

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Sign your name below:

Please read the [Electronic Records and Signature Disclosure](#)

☐ I agree to use electronic records and signatures