

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

☐ I agree to these terms.

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

☐ Yes ☐ No

If so, explain.

Does your child play any sports?

Is your child on any kind of medications or supplements?

☐ Yes ☐ No

If so, what?

Is there anything you feel we should know?

☐ Yes ☐ No

If so, what?

Sign your name below:

Please read the [Electronic Records and Signature Disclosure](#)
☐ I agree to use electronic records and signatures
