



YOUTH INFORMATION

Youth Name: _____ DOB: _____

Parent/Guardian Name: _____ Date: _____

Address: _____

Phone: _____ EM _____

Favorite Snacks: _____

Allergies: _____

Hobbies/Interests: _____

What are any struggles/situations your child may be experiencing that we may be able to help with?

You will be **required** to stay on site while your child is in session per our insurance regulations.
Photo Release: I consent to have my child photo used in possible publications or advertising.

Yes _____ No _____

Parent/Guardian Signature: _____
