

MEND Registration Form
MEND (Mind, Exercise, Nutrition...Do it!)

Where families have fun and get fit and healthy for FREE!



Which Program are you registering for?

- MEND 2-4 Community: _____
 MEND 7-13 Program Location: _____

Parent / Caregiver Details:

First Name: _____ Last Name: _____

Relationship to child:

- Mother Father Grandparent
 Sister Brother Other: _____

Phone #: _____ Alt. phone #: _____

Email Address: _____

Preferred Contact: Phone Email

Mailing Address: _____

City: _____ Postal code: _____

Child Details:

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____

Male Female School: _____

Child's height: _____ Child's weight: _____

Unknown Unknown

Allergies / Health Concerns: _____

Additional Information:

Will Siblings be attending the program? YES NO Ages: _____

Transportation Required? YES NO

How did you hear about the MEND Program? _____

Referral Source (if applicable):

Referred by: _____ Job title: _____

Address: _____

Telephone no: _____ Signature: _____ Date: _____

To Register: FAX: 306-966-7115
Phone: 306-966-5094
Toll-free: 1-844-899-6363
Email: nancy.lackie@usask.ca

Visit our webpage:

www.mendusk.ca



UNIVERSITY OF SASKATCHEWAN
College of Kinesiology
KINESIOLOGY.USASK.CA