

# Balance Living Personal Training

## UNDER 18'S PARENTAL CONSENT FORM

### **Client Details**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Numbers: \_\_\_\_\_

### **Parent/Guardian Details**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Relationship to the Client: \_\_\_\_\_

Signed:

Print Name:

Date:

An Adult/Guardian **MUST** accompany any person under the age of 16 for all sessions.