## LIFE IN THE FAST BRAIN

For ADHDers (age 14-17) and/or their families

## Registration Form

YOUTH Name (first and last):	Pronouns:	
Birthday(dd/mm/yy):	Phone:	
Allergies / Dietary Restrictions:		
CAREGIVER 1 Name (first and last):		POLICE PARTICION
Relationship to youth:	Pronouns:	
Email:	Phone:	
Allergies / Dietary Restrictions:		
CAREGIVER 2 (if applicable) Name (first and last):		
Relationship to youth:	Pronouns:	
Email:	Phone:	
Allergies / Dietary Restrictions:		

Please email completed form to rachel.ducommun@jhsni.bc.ca

