

# *Mental Performance Coaching with Limitless Performance*

## Registration Form

### **PARTICIPANT INFORMATION** (Please type or print legibly) \_\_\_\_\_

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  Female  Male Age: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_

If you are under the age of 18 you will need to complete the following area:

Parent email: \_\_\_\_\_

Guardian 1 name: \_\_\_\_\_ Guardian 2 name: \_\_\_\_\_

Guardian 1 day phone: \_\_\_\_\_ Guardian 2 day phone: \_\_\_\_\_

Guardian 1 cell: \_\_\_\_\_ Guardian 2 cell: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Specify any of your child's health problems: \_\_\_\_\_

Is your child on any medication? No Yes If so, please specify: \_\_\_\_\_

**SIGNATURE (GUARDIAN SIGNATURE):** \_\_\_\_\_ **DATE** \_\_\_\_\_

I hereby give permission to **Limitless Performance** to photograph and/or videotape the student for educational or promotional purposes. \_\_\_\_\_ (Initial)

### **Contact Information**

For more information, please contact:

**Mahsa S Durbano**

Emails:  
[MSD@LimitlessPerformance.ca](mailto:MSD@LimitlessPerformance.ca)

**POLICIES:**

Limitless Performance Canada (LPC) is pleased to have the opportunity to work with you. This document contains important information about the policies and procedure of Limitless Performance Canada. Please read and sign where indicated.

**PRIVACY:**

The privacy of all records pertaining to the patient treatment is maintained by secure means. Records are kept for a minimum of seven (7) years and are used strictly for appropriate treatment purposes and the release of those records are only authorized by patient written consent and authorization as provided by Canadian Federal Law under the CSPA. Each client has the right(s) to review all pertinent records including records of disclosures made. Limitless Performance Canada will make copies available to each patient upon written request (verbal request will not be honored) and a reasonable fee for copying records requested by each patient. If at any time a patient feels that privacy has been violated, patient has the right to file a grievance with Limitless Performance Canada and or with the CSPA

NOTE, however that the law requires the release of otherwise patient confidential information when the provider believes disclosure is compulsory to protect against harm to a patient or others when there is suspicion of child abuse or endangerment, elder abuse and surrender upon demand by Order of the Court.

**CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY NON-SECURE MEANS:**

Throughout the course of treatment Limitless Performance Canada will often use e-mail, fax or other forms of electronic forms of transmission of electric communication. The methods are generally not known as confidential means of communication. In lieu of this the patient's signature below authorizes such forms to be transmitted including but not limited to, information related to scheduling, billing, invoicing payments and other clinical or administrative needs,

I, \_\_\_\_\_ AUTHORIZE: Limitless Performance. Patient or Parent Guardian, if patient is under age 18, to transmit the protected health information listed above. The authorization terminates upon completion (termination) of treatment and closure of the file.

**SIGNATURE** \_\_\_\_\_

