MEND Registration Form
MEND (Mind, Exercise, Nutrition…Do it!)
Where families have fun and get fit and healthy for FREE!

UNIVERSITY OF SAKATCHEWAN
College of Kinesiology
KINESIOLOGY.USASK.CA

mend
POWERED BY
SASKATCHEWAN BLUE CROSS

Visit our webpage:
www.mendsk.ca

MENDSK

Which Program are you registering for?

☐ MEND 2-4 City: _____

☐ MEND 7-13 Program Location: _____

Parent / Caregiver Details:

Parent/caregiver name: _____

Relationship to child:

☐ Mother ☐ Father ☐ Grandparent
☐ Sister ☐ Brother ☐ Other: _____

Home phone #: _____ Cell phone #: _____

Email Address: _____

Preferred Contact: ☐ Phone ☐ Email

Mailing Address: _____

City: _____ Postal code: _____

Child Details:

Child's name: _____

Date of Birth: _____ Age: _____

☐ Male ☐ Female School: _____

Child's height: _____ ☐ Unknown Child's weight: _____ ☐ Unknown

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:

Referred by: ..... Job title: .....

Address: .....

Telephone no: ..... Signature: ..... Date: .....

To Register:

FAX: Northern Saskatchewan – 306-922-2021
Central Saskatchewan – 306-966-7115
Southern Saskatchewan – 306-585-4854

Toll Free: 1-844-899-MEND(6363)

Email: mend@usask.ca

SaskTel