



GENESIS
-HEALTH REVOLUTION-



REGISTRATION FORM

--- PLEASE PRINT CLEARLY ---

First Name _____ Last Name _____

Preferred Name on Tag _____

Mailing Address _____ City _____

State _____ Zip Code _____ Phone _____

E-Mail _____

I am attending this class because of: (Please Circle One)

Type 2 diabetes

Type 1 diabetes

Pre-diabetes

My Education

Other (please explain) _____

Are you under medical supervision for diabetes? Yes No (Please Circle One)

How did you learn about this class?

In case of emergency please notify: Name _____

Phone _____ Relationship _____

I understand that the information provided in this class does not replace medical advice and that following the health strategies outlined in this course may change blood sugar levels quickly. I agree to monitor my blood sugar levels frequently and to work closely with my health care provider.

Signature _____ (required if you have diabetes)

www.genesishealthrevolution.com