

Dave Berman, C.Ht.

Clinical/Medical Hypnosis, NLP & Life Coaching

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PARENT/GUARDIAN APPROVAL FORM

I am the parent or legal guardian of _____ . Together we have decided to seek the Hypnosis and NLP Coaching services of Dave Berman, C.Ht.

- I have reviewed and accept the Terms and Conditions in the Client Registration Form at ManifestPositivity.com.
- My child has otherwise provided the information submitted in that form.
- My signature below indicates I approve of my child receiving these services from Dave Berman, C.Ht.

Parent/Guardian Signature and Date

Client Signature and Date