

Multi-Sport Athlete Supplement Usage Disclosure Form

Athlete Information

Full Name

Sport(s)

School/Organization

Grade/Level

Supplement Usage

List all supplements you are currently using (vitamins, protein powders, energy drinks, etc.):

Supplement Name	Brand	Dosage/Amount	Frequency	Purpose
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you consulted a coach, nutritionist, or physician before using any of these supplements?

Additional Information or Concerns

Agreement & Signature

I confirm that the information provided above is accurate and complete to the best of my knowledge.

Athlete Signature

Date

Parent/Guardian Signature (if under 18)

Date