



Nature's Oak Wellness Center

Mind Fitness

PARTICIPANT INFORMATION

Mindful Based Stress Reduction

_____ Date: _____

MEMBER NAME: _____

DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL: _____ May we text you at this number? _____

EMAIL: _____ May we e-mail you at this address? _____

HOW DID YOU HEAR ABOUT US? _____

Tell us about yourself (optional)

OCCUPATION: _____ FAVORITE ACTIVITY _____

RELATIONSHIP STATUS: _____ YEARS: _____

RELIGIOUS ORIENTATION (if any): _____ ACTIVE? _____

Program Guidelines: I understand that all attendance is optional, however when I commit to attending an on-going group, I will do my best to attend consistently. Members count on each other to be there. The flow of the program cohesively functions when people show up consistently. I will respect the privacy and confidentiality of other's and not disclose personal information of members outside of class/group _____ (initial). If I must cancel, I will notify the group facilitator at least 24 business day hours in advance.

Payment Information:

I understand that I am responsible for making a registration fee of \$45.00. My final payment of \$400.00 for the 8 week class is due 2 weeks prior to the start of the program. I will allow my account to be charged the remainder of any fee's at that time _____ (initial). Fee's are non refundable but can be applied toward other services with at least 1 weeks notice _____ (initial). If I must miss a group/class I will contact the facilitator of the activity and receive class materials so that I can keep up with the class.

Signature: _____

Date: _____

