



832 2nd Ave NW
Hickory, NC 28601
Phone/Fax: 828-328-4673

Websites:
www.PowerToThrive.com
www.PowerToThriveRadio.com

“Breaking Free From Codependency” Support Group Registration Page 1 of 3

Directions:

Please read all information on this and the following pages. Complete page 3 and return these forms to the office of Marriage and Family Therapy Services via email, at: forms@powertothrive.com. Complete one form for each participant, even if multiple registrations from same family are being made. Spaces in this course are limited and completion of this form does not necessarily guarantee participation. After you have submitted this form and made complete payment, you will be considered completely registered.

Course Intensity and Personal Responsibility:

This support group will provide participants with an opportunity to delve deeply into the aspects of their lives that have resulted in the experience of disempowerment. The information and exercises will involve discussing and dealing with intense emotional issues which may at times be distressing. However, the process is intended to move participants past limiting emotions and behaviors from the past and cause transformational change, both internally, and in relationships. Participants may be invited during the course, to engage in one-on-one dialogue with the facilitator or Course-Assistants. The purpose for this is to offer the opportunity to directly deal with conflicts that have historically presented breakdowns, such that a breakthrough becomes possible. Participants are not obligated to work in this way with any representatives of the course, however, if a participant does volunteer to do so, they must understand that the work involved may not always be “comfortable” or feel “good.” There is no guarantee of a particular outcome from this course, and all participants must agree to hold themselves alone responsible for the results, holding harmless all representatives of Marriage and Family Therapy Services, both on and after the day of the event.

Audio/Video Recording:

Portions of the course may be audio or video-recorded for use in subsequent trainings or workshops. By signing this paperwork, you acknowledge your understanding that this will be occurring and are consenting to have your voice and/or physical image recorded and possibly used later. It is not required to have your voice and/or physical image on the recording. If you do not wish to appear on these recordings, simply write this out below your signature and we will remove your voice and/or image from any materials that may be developed from this workshop.

VERY Important Registration Information:

Cost for this group is \$30. per class, payable in full at the time of registration (\$360. Total). Participants must pay via credit card or personal check. Last minute registrations (occurring any time after 1 day before the first class) will incur a \$25. convenience fee.

A “Completed Registration” means the participant has paid the fee **AND** that this paperwork has been read and signed by participant, **AND received** by the administrative office of Marriage and Family Therapy Services. Resitration form and payment in full must be received by no later than the first class.

There are no refunds given for registration for any reason, with the exception of the unlikely event that MFTS would cancel the class. If this were to happen, the account will be credited for another class, or a refund of all but \$15.00 handling fee will be provided.

Breaking Free From Codependency Support Group Registration Page 2 of 3

Honoring The Schedule:

This course is packed with material and it will be important for all participants to arrive *at least 5 minutes before* the beginning of each session and stay for the entire time. We will begin promptly at the scheduled start times and will do our best to adhere firmly to the schedule. Thank you for honoring this commitment.

Course Schedule:

7 pm – 7:15 pm	Arrival, Introductions
7:15 pm – 8:00 pm	Didactic, Q and A, step-work
8:00 pm – 8:15 pm	Breakout sessions with co-sponsor dyads, sharing from assignments
8:15 pm – 8:30 pm	Group sharing from breakout sessions

What You Need to Participate:

- Purchase the following books, both published by Alcoholics Anonymous Press: Alcoholics Anonymous, fourth edition (The Big Blue Book) and the Twelve Steps and Twelve Traditions – REQUIRED
- High Speed Internet
- Laptop, Desktop Computer or Tablet
- Headphones (to reduce background noise)
- A Private, Quiet Space to Sit in During Course
- Download GoToMeeting app (link will be sent once registration is complete)
- Open minds and the willingness to have unprecedented breakthroughs!

What NOT to Bring:

- Cell Phones – leave them out of the room so they will not disturb the course.
- Children/Anyone who is not fully registered for this course

Other Information:

- If you have any questions prior to the course, please call 828-328-4673 and someone will return your call as soon as possible.

Optional:

If you would like to conceptually prepare yourself for this course, read any/all of the following books:

“The New Codependency” and “Codependent No More” by Melody Beatty

“Facing Codependence” and “Facing Love Addiction” by Pia Mellody

“Healing The Child Within: Discovery and Recovery for Adult Children of Dysfunctional Families” by Charles L. Whitfield, M.D.

“The Dance of Anger” by Harriet Goldhor-Lerner

“A Woman’s Worth” by Marianne Williamson

“The Four Agreements” by Don Miguel Ruiz

“The Voice of Knowledge” by Don Miguel Ruiz

None of the above is required reading, but these books can give you a sense of some of the principles/concepts that will be presented.

“Breaking Free from Codependency” Registration (Page 3 of 3):

Participant’s Commitments:

I understand that this course is designed to work most effectively through a “Group Process.” This means that participants stand to gain the maximum value from this course by participating fully in all discussions, engaging in all of the exercises and completing all assignments. I realize that to gain the maximum benefit available from this course, I will need to attend with a “beginner’s mind,” allowing myself to be “coachable” and receptive to learning and experiencing something brand new. I realize I may be invited to participate in one-on-one coaching with the Course Leader or Assistant at some time during the event, and understand that this is completely voluntary and not required. I further understand that this is a confidential group, and therefore, I will not share any information or details about the content or participants with anyone outside the group. I also agree not to engage in any discussions with group members about any other group members, as this is considered gossip and will harm the cohesiveness of the group.

I am interested in having this workshop make a real and lasting difference in my life. I will be 100% responsible for my psychological, emotional and physical health before, during and/or after the course and release and hold harmless Liza Shaw, MFTS or any of its representatives from any and all liability concerning my wellbeing before, during and/or after the event.

I will arrive before 7 pm and I agree that I will stay for the entire course unless there is a true, verifiable emergency. I will use headphones and will mute my microphone when I am not speaking, to cut down on background noise.

I understand all of the policies (described on these forms) regarding payment and registration and realize there are no refunds given for my registration fee for any reason, with the exception of the unlikely event that MFTS would cancel the class. I realize that if this were to happen, my account will be credited for another class, or a refund of all but \$15.00 handling fee will be given.

Participant’s Name: _____

Participant’s Address: _____

Participant’s Phones: _____ (c) _____ (h) _____

Participant’s Email: _____

- Please add me to Marriage and Family Therapy Services’ General Email list. **-OR-**
- Please do not add me to general email list, but send me all messages related to this course. **-OR-**
- Please do not send any emails. (**Important Note:** This is not recommended. Your course facilitator may send emails prior to or following the session. If you choose not to receive emails, be aware that you will very likely miss important tips or information.)
- I have never worked the 12 steps with a sponsor. I have worked the steps with a sponsor.

By signing this form, I attest that I understand and am in agreement with all policies and information provided above including the possibility that the course may be audio/videotaped for use later.

Participant’s Signature

Date



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CREDIT CARD AUTHORIZATION FORM

- Check this box if you want to make this a one-time purchase. Your card will not be stored for any future purchases without your express permission. If you choose this option, complete the Credit Card information below.

- Check this box if you prefer to have us keep your card on file. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled. By checking this box, you also authorize us to store the card number in our system, to be used for any future purchases you make through us.

Credit Card Information	
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover (we do not accept AMEX)	
Cardholder Name: (As shown on card):	
Card Number:	
Expiration Date (mm/yy):	Sec. Code:
Cardholder ZIP Code (from credit card billing address):	

I, _____, authorize Liza M. Shaw/Marriage and Family Therapy Services, PLLC to charge my credit card above for agreed upon purchases. I understand that my information will only be saved for future transactions on my account if I have checked that box above, and only until I request for it to be removed from the system.

 Customer Signature

 Date