

Registration Date: _____ Start Date: _____

Mindfulness and Meditation Registration Form 2019

Child's Name: _____ Date of Birth: _____ Age: _____ Gender: M / F

Primary Address: _____ City/Zip: _____
Home Phone: _____

Parent/Guardian Name: _____ Email: _____
Cell #: _____

Emergency Contact Name: _____ Relationship: _____
Phone #: _____

CHILD INFORMATION

Please share the following information regarding your child (indicate N/A for those that do not apply)

Therapies: _____ Behavioral Concerns _____

Physical Disabilities: _____ Medical Conditions: _____
Other: _____

Photo Release

I hereby give permission for my child to be photographed during the Well Beings Meditation Program. I understand the photos will be used to publicly promote Well Beings of NJ. I understand the images may be used in online publications, websites, and social media. I also understand that no royalty fee or other compensation shall become payable to me by reason of such use.

Parent's/Guardian's Initials _____

Pulse/1gym4all and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to accident or illness per physician orders.

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____