



Florida Community of Mindfulness



Family Program Registration Form



Date: _____

YOUTH'S NAME (1): First _____ Last _____
Youth's Birthday _____ Age _____ Grade _____

YOUTH'S NAME (2): First _____ Last _____
Youth's Birthday _____ Age _____ Grade _____

YOUTH'S NAME (2): First _____ Last _____
Youth's Birthday _____ Age _____ Grade _____

Parent/Guardian _____ FCM Member Y / N ?

Address: _____

Email Address: _____

Home Telephone _____ Cell Phone _____

Permission to Accompany: Name/relationship of any other person that has permission to bring your child to the program, or pick them up from the program: _____ FCM Member Y/N ?

SPECIAL MEDICAL OR ALLERGY INFORMATION or SPECIAL NEEDS: _____

EMERGENCY INFORMATION in case parent cannot be reached:

Name: _____

Home Telephone: _____ Cell Phone _____

AGREEMENT AND RELEASE OF LIABILITY:

I agree that I (or the person that I designate to accompany my child(ren)) will remain on the FCM campus during the full time of the program. I hereby allow the release of photographs produced by FCM to be used for FCM-related purposes and publicity. As legal guardian of the minor(s) who participate(s) in the FCM Family Program, I accept unto myself all responsibility and all liability for any injury or loss or damage that occurs to me and/or to the minor as a result of the minor's participation in FCM programs. I will indemnify and hold harmless Florida Community of Mindfulness (FCM) and its agents from all claims, judgments, and costs incurred with any action that may be brought as a result of the minor's participation in FCM programs. I understand and agree to these terms:

Parent/Guardian signature* _____ **Date:** _____

*Must be signed by parent or legal guardian.