

Program Enrollment and Consent Form

Please complete all sections of this form. This document is intended to be printed and signed.

1. Participant Information

First Name:

Last Name:

Date of Birth (MM/DD/YYYY):

Phone Number:

Email Address:

Street Address:

City, State, Zip Code:

2. Emergency Contact Information

Emergency Contact Full Name:

Relationship to Participant:

Emergency Phone Number:

3. Program Selection

Program Name:

Preferred Session/Time:

4. Consent and Authorization

By signing below, I acknowledge that I wish to enroll in the program specified above. I understand the risks involved and agree to release the organization and its staff from any liability related to participation. I authorize medical treatment in case of an emergency.

Printed Name of Participant (or Guardian):

Signature (Write full name if signing digitally):

Date Signed (MM/DD/YYYY):