



# Florida Community of Mindfulness



## Family Program



**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 (3):** First \_\_\_\_\_ Last \_\_\_\_\_

Youth's Birthday/Age \_\_\_\_\_ Grade \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Permission to Accompany: Name/relationship** of any other person (such as a grandparent) that has permission to bring your child to the program, participate with them during the program, or pick them up from the program: \_\_\_\_\_

**SPECIAL MEDICAL OR ALLERGY INFORMATION** that the FCM Family Program should know about:

\_\_\_\_\_

**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:** \_\_\_\_\_