

BFK PSI Seminars YOUTH DIVISION: Basic for Kids

1. Child's Name (Last, First, Initial) _____ To be called: _____

Address (Street/P.O. Box) _____ City, State, Zip Code _____

Other address , if applicable (Street/P.O. Box) _____ City, State, Zip Code _____

(_____) _____ (_____) _____
Primary phone w/area code Alternate phone number w/area code Birth Date (Month, Day, Year)

Gender: M F Age will be at BFK: ____ Grade: ____ Other siblings/ages in family: _____

2. Mother of child:

Last name, first name, middle initial

Address (Street/PO Box)

City, State, Zip Code

Email: _____

Home phone ()

Cell phone ()

Marital Status: Circle ONLY one

a. Married to other parent b. Not living with other parent: *sole custody* c. Not with other parent *shared custody* d. Guardian solo joint _____

Occupation: _____

Employed at: _____

Date attended PSI Basic / Advance Seminars. _____

3. Father of child:

Last name, first name, middle initial

Address (Street/PO Box)

City, State, Zip Code

Email: _____

Home phone ()

Cell phone ()

Marital Status: Circle ONLY one

a. Married to other parent b. Not living with other parent: *sole custody* c. Not with other parent *shared custody* d. Guardian solo joint _____

Occupation: _____

Employed at: _____

Date attended PSI Basic / Advance Seminars. _____

4. Confidential Health Questionnaire: (Please circle your answer) Has your child:

- A. Had any history of psychiatric or behavior problems? Yes No
- B. Been institutionalized for mental illness within the last twelve months? Yes No
- C. Is he/she now under going or within the last six months did he/she undergo treatment by a psychiatrist or psychologist? Yes No
- D. **Does your child take any medications?** Yes No If, yes, please specify what kind and reason for taking it _____
- E. **Allergies** (medication/ food/other) List: _____

5. Do you feel that your child has any particular problems at present? Be Specific.

6. Names & numbers of persons to be called if parents cannot be reached:
1. _____
2. _____
3. _____

Unless a parent has sole custody, both parents must be PSI Basic graduates and sign all PSI Seminars/Youth Division forms for the child to participate in the Basic for Kids.

There is a \$10 snack/supply fee per student per weekend. There is a \$99 seminar fee per returning student. I /we understand these non-refundable fees are to be paid at the time of registration to hold our child's seat. We are also aware that both parents/guardians (unless there is sole custody or the child is re-auditing) MUST attend the Parent Orientation : _____

Signature/ Date

Signature/ Date

Denver Date: _____ New Re-audit Paid: _____ Cash/CC /Check

PSI SEMINARS - Youth Division
Parental Acknowledgement, Authorization, Release
And Indemnification Agreement

IN CONSIDERATION of being permitted to enroll my child or ward _____
(the "Student") in the PSI Seminar, Youth Division Class (the Class), each of the undersigned:

- 1. HEREBY ACKNOWLEDGES AND CERTIFIES that he/she has been invited to attend the Class Parent Orientation meeting, fully understands what PSI World will present to the Student, including demonstrations, meditative techniques, games, skills, role playing and other participatory activities, and understands that he/she, as parent or legal guardian, is welcome to enter the class at any time to observe and participate in the class.**
- 2. HEREBY AUTHORIZES PSI WORLD, its owners, directors, officers, agents, employees, and independent contractor (The "Releasees") to obtain /administer medication that is provided for the Student. In the event of an emergency, the releasees may obtain necessary medical treatment for the Student. In such an instance, the physician or medical providers selected by the Youth Staff are granted permission to deliver those treatments or procedures they deem medically appropriate. It is certified that the allergies of the student and any and all medical problems that might be relevant to an individual rendering medical care to the student are set forth on the registration form. Should it be necessary for a student to receive medical care, it is understood that PSI Seminars has no insurance covering medical or hospital costs and therefore these costs are to be paid by the parent or guardian.**
- 3. HEREBY GRANTS PERMISSION in an emergency to transport the student to a safe location.**
- 4. HEREBY PROMISES NOT TO SUE, RELEASAS AND DISCHARGES THE RELEASEES from any and all liability to him/her, his/her personal representative, assigns, heirs, and next of kin and to the Student for all loss or damages, and any claim or demands therefore, on account of physical or other injury to the Student, whether caused by negligence of RELEASEES or attending medical personnel, or otherwise resulting from or arising out of participation in the Class or otherwise.**
- 5. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASEES and each of them for any loss, liability, damage, or cost that they may incur due to the participation of the Student in the Class or otherwise.**
- 6. HEREBY WARRANTS that the following statements are true and correct and understands that the RELEASEES have relied upon them in permitting the Student to enroll in the Class:**
 - a. None of the RELEASEES has made any oral representations, statements, or inducements to him/her other than those set forth in this written Agreement;**
 - b. He/she is 18 or more years of age;**
 - c. He/she assumes full responsibility for any/all risk of bodily injury to, and behavior modifications or death of Student, whether due to the negligence of the RELEASEES or otherwise;**
 - d. He/she is a PSI Basic graduate, is the parent or legal guardian of the Student, and**
 - e. HE/SHE HAS READ AND VOLUNTARILY SIGNS THIS PARENTAL ACKNOWLEDGEMENT, AUTHORIZATION, RELEASE AND INDEMNIFICATION AGREEMENT.**

Father (Print)

Mother (Print)

Name _____

Name _____

Signature _____

Signature _____

Address _____

Address _____

Date _____

Date _____

Both parents/all guardians must sign this form. If one parent has sole custody, that must be stated and proof provided if requested. Sole custody parents: Please X off the information for the parent without custodial rights and place your initials by the X.

Signature of Instructor for PSI World _____ **BFK** _____ **YLW** _____