**Waterloo Riverview Dharma Centre**

**Mindfulness Meditation**

**for Children and Parents/Caregivers**

**Registration and Consent Form**

Participant Name: Age: Gender:

Phone Number: E-mail:

Emergency Contact: Phone Number:

Physical/Psychological conditions:

Medications:

Allergies/Sensitivities:

Is there anything you would like the teacher to know about you, your school, your friends, your family?

**Consent**

Participant Name (printed):

Participant Signature: Date:

Parent/Guardian Signature: Date:

Who will be accompanying the child/children?

(Relation to child)