



**Waterloo Riverview Dharma Centre
Mindfulness Meditation
for Teens
Registration and Consent Form**

Participant Name: _____ Age: _____

Participant Name: _____ Age: _____

Participant Name: _____ Age: _____

Participant Name: _____ Age: _____

Address: _____

Phone Number: _____ E-mail: _____

Emergency Contact: _____ Phone Number: _____

Are there any physical/psychological conditions that might affect participation in the class that you want to share with us?

Do you take any medications that you think we should be aware of?

Food Allergies/Sensitivities (required as participants be given snacks) Please list names of those with allergies:

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

Parental Consent (required for participants under 18 years of age)

Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____