

## Group Counseling for Children Registration / 2 pages

### 1) CHILD

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
Grade / School

### 2) CONTACT INFORMATION

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Emergency Contact's Phone Number

\_\_\_\_\_  
Home Phone

### 3) GENERAL INFORMATION

Please note any weeks your child will not be attending group because of other commitments

\_\_\_\_\_

Please share information concerning your child that would help make his group experience more enjoyable

\_\_\_\_\_

\_\_\_\_\_

Please share any behavioral or emotional issues you have noticed with your child

\_\_\_\_\_

\_\_\_\_\_

Please express any concerns you have regarding your child's social interactions:

\_\_\_\_\_  
With family

\_\_\_\_\_  
With friends and peers

\_\_\_\_\_  
With adults

\_\_\_\_\_  
Signature of Parent/Guardian / Date

## Release and Waiver

My child/ward will be participating in activities at *from Within Counseling, Inc.* (“FWC”) at my request, and in consideration of that, I am voluntarily agreeing to this release and waiver. “Activities” include, but are not limited to, individual sessions, group sessions, and activities held away from the FWC office, and transportation to and from those activities.

In the event my child/ward is injured at an activity and requires medical treatment, I give permission to any adult leader (age 18 or older) to authorize such medical treatment as he or she determines appropriate in consultation with medical professionals, and I agree to be financially responsible for such medical treatment. I represent that my health insurance will cover any medical and hospital expenses that I or my child/ward may incur as a result of injury or sickness at the activities or while in transit to or from the activities.

Likewise, I assume full responsibility for the risk of injury to my child/ward or to property involved in any activity, including transportation to and from the site of the activities, and waive any and all specific notice of the existence of risks involved in the activities. I hereby release FWC and any of its officers, directors, employees, agents and volunteers from all claims for personal injury, wrongful death, or property damage suffered by me or my child/ward during or while in transit to or from the activities. I recognize that certain hazards and dangers are inherent in FWC’s activities and programs, and I acknowledge that FWC cannot ensure or guarantee that the equipment, premises and/or activities will be free of hazards; nor can FWC insure against injuries or accidents caused by other participants.

I also agree to defend, indemnify, and hold harmless FWC and its officers, directors, employees, agents and volunteers from and against any and all damages, costs, and claims sustained by any other person as a result of any negligent or intentional act or omission by me or my child/ward at FWC.

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Signature of Parent/Guardian / Date

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Printed Name of Parent or Guardian