



### Y-Mind Information Session Registration Form

**Which information session would you like to attend?** (please check one)

Wednesday, January 13<sup>th</sup>, 4:30pm to 5:30pm

Wednesday, January 20<sup>th</sup>, 4:30pm to 5:30pm

**Some information about you (confidential):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Do you consent to sharing your email address with the group? Yes  No

**How did you hear about the Youth Mindfulness Group? (Please select one)**

- |   |  |
|---|--|
| <input type="checkbox"/> Google/online search               | <input type="checkbox"/> YMCA e-newsletter               |
| <input type="checkbox"/> YMCA brochure/post-card/poster     | <input type="checkbox"/> CVFSA website                   |
| <input type="checkbox"/> Newspaper/magazine ad              | <input type="checkbox"/> YMCA/YWCA website               |
| <input type="checkbox"/> Recommended by family/friend       | <input type="checkbox"/> Social media (Facebook/Twitter) |
| <input type="checkbox"/> Recommended by health professional | <input type="checkbox"/> Other                           |

Family Doctor: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please note that registering for the info session does not guarantee you a spot in the group.**

**Y-Mind will take place on Wednesdays from February 3<sup>rd</sup> to March 17<sup>th</sup>. We require full commitment by all participants. Are you able to commit to all 7 sessions?**

Yes  No, reason: \_\_\_\_\_