



Meghan Crosby Budinger, LCPC, LLC  
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**MINDFULNESS FOR MIDDLE SCHOOLERS**  
**Workshop Registration**

Participant's Full Name: \_\_\_\_\_

Prefers to be called: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Email: \_\_\_\_\_

Parent's Marital Status: \_\_\_\_\_

Legal custody of child\*: \_\_\_\_\_

\*IF APPLICABLE – YOU MUST PROVIDE A COPY OF SEPARATION/DIVORCE DOCUMENTS PERTAINING TO CUSTODY. IN THE CASE OF SHARED CUSTODY, BOTH PARENTS MUST AGREE TO PARTICIPATION IN THIS WORKSHOP.

**Emergency Contact:**

In the event of an emergency and the parent(s)/legal guardian(s) cannot be reached, please provide the name and phone number of an emergency contact person who can be contacted to pick up your child. This person will be asked to provide a government issued photo ID.

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

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

## HEALTH INFORMATION

Is your child currently being treated for a chronic medical illness or condition (e.g., diabetes, asthma):  
 Yes       No

If yes, please indicate: \_\_\_\_\_

Does your child have any allergies?       Yes       No

If so, does your child carry an Epi pen?       Yes       No

If yes, please indicate: \_\_\_\_\_

\_\_\_\_\_

Does your child have any conditions, differences, or impairments that may affect their ability to participate in the workshop?       Yes       No

If yes, please indicate: \_\_\_\_\_

Have your child ever been given a mental health diagnosis?       Yes       No       Unsure

If yes, please indicate: \_\_\_\_\_

### Consent to Participate

I am the parent or legal guardian of the Participant named below. I have read this document and I am signing it freely. By signing this document I give consent for the Participant to participate in the Mindfulness for Middle Schoolers workshop (the "Activity").

### Waiver and Release of Liability

I am the parent or legal guardian of the Participant. I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing Meghan Crosby Budinger from all liability on my and the Participant's behalf, (b) waiving my and the Participant's right to sue Meghan Crosby Budinger, (c) and assuming all risks of Participant's participation in this Activity, including travel to and from the Activity or any events incidental to this Activity. I allow the Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of the Participant as described in this document. I agree to be bound by the terms of this document.

\_\_\_\_\_  
Participant Name (print name)

\_\_\_\_\_  
Parent/Legal Guardian 1 Name (please print)      Parent/Legal Guardian 2 Name (please print)

\_\_\_\_\_  
Parent/Legal Guardian 1 Signature      Parent/Legal Guardian 2 Signature

\_\_\_\_\_  
Date      Date