

The Stress Reduction Clinic

@Yoga Hillsboro

PROGRAM OUTLINE, APPLICATION AND REGISTRATION FOR THE MINDFUL FAMILY PRACTICE (MFP) SERIES

Dear Applicant:

Please review this entire application and registration packet and if you decide to apply for the series complete it contact Brant via email at mbsr@yogahillsboro.com or via phone at 503 640-6006 to let him know you are committed to the series and bring this completed application the first day of the course. The packet includes:

1. The outline of the Program below
2. Program registration form
3. Personal intentions form
4. Informed consent and agreements

Brant will answer your questions once you contact him. Don't hesitate to ask as many questions as you like.

Program Structure:

- Contact Brant to let him know you have completed the application and committed to the 4-class series.
- 5 hours of class time (Four 75 minute classes one every other week over 8 weeks)
- Your commitment to do home practice as a family each day you are not in class during the Program: 10 minutes
- Classroom learning and practice of:
 - Gentle and playful shared movement practice
 - Body scan meditation
 - Sitting meditation
 - Adventure meditations
 - Mindful relaxation practice
 - Creative art practice
 - Shared intention practice
 - Shared family stillness

Course Requirements:

- Commit to attendance and completion of home practice assignments.
- Submit a completed application by the first day
- Pay tuition or arranging a payment plan.
- If you or your child are in any sort of treatment that may affect your participation consult with your doctor or psychotherapist to get their written or emailed recommendation to Brant prior to the series.
 - If needed give your doctor or psychotherapist permission to talk with your MBSR instructor in order to support you appropriately.

MINDFUL FAMILY PRACTICE SERIES (MFP) REGISTRATION

Names of all family members:

Parents/Guardians: _____

Parents/Guardians: _____

Parents/Guardians: _____

Children (ages): _____

Children (ages): _____

Children (ages): _____

Children (ages): _____

Contact Phones: Home: _____

Cell Phone (for): _____

Cell Phone (for): _____

email address (for) _____

email address (for) _____

Start date of the 4-session MFP you are applying for: _____

Payment Information (We accept check or cash) – Include payment with your application or arrange for a documented payment plan with Brant before the series begins.

PERSONAL INFORMATION

This information is to help your instructors serve you better. We keep this information confidential. If you cannot or don't want to write down relevant information please discuss these with your instructor at the time of your orientation or interview.

1) What is your main reason for your family participating in the series?

YOUR FAMILY INTENTIONS FOR THE PROGRAM

Please take a moment to fill these out so our instructors will know you better and can support you in a more direct way during the program.

What your family care about most?

What gives your family most pleasure in life?

What are your families greatest worries?

Please list three goals your family has for taking this MFP series:

1) _____

2) _____

3) _____

INFORMED CONSENT AND AGREEMENTS

Mindfulness–Based Stress Reduction (MBSR) Program, Stress Reduction Clinic at Yoga Hillsboro

The risks, benefits and possible side effects of the MFP Program were explained to me. The series includes skill training in relaxation and meditation methods as well as gentle playful movement exercises. During the series I and my family will be asked to practice these appropriate to our abilities. We understand that if for any reason any of us are unable to, or think it unwise to engage in these techniques and exercises either during the sessions or at home, we are under no obligation to engage in these techniques nor will any of us hold Yoga Hillsboro and the Stress Reduction Clinic or the instructors liable for any injuries incurred from these exercises. This course is designed to help us learn these skills appropriately and to never push beyond our capabilities. This course is in no way a substitute for medical care or psychotherapy. If it was appropriate for medical or psychotherapeutic reasons as listed on on this application we have consulted with our physicians and/or therapists about my ability to participate in this program. If needed we have obtained their agreement to enter the program and their willingness to consult with me as appropriate for the duration of the series. We have provided the MBSR teacher with all relevant and necessary information about our medical and psychotherapeutic care so as to enter the series in a healthy and appropriate way.

Furthermore, I am committed to attend (unless advised/arranged with the instructor) each of the sessions and also to practice the home assignments as a family for 10 minutes per day appropriate to our abilities during the duration of the series. We will arrange for payment before the Program begins.

 Date

 Please Print Here

 Parent/Guardian Signature of children listed on this application

 Date

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 Date

 Please Print Here

 Parent/Guardian Signature of children listed on this application