

REGISTRATION FORM

Jersey Shore Wellness Studio
108 Main Street Suite 7 - Oceanport, NJ
www.jerseyshorewellness.com

Welcome to our Therapeutic Boxing Program! This workshop was designed to give teens an introduction to boxing in a fun and comfortable environment while supporting them therapeutically. Our group is unique in the sense that it combines the benefits of psychoeducational activities and process with the empowering properties of fitness.

It's a great way to explore a new recreation, receive emotional support, and expand participant's social network.

(Not to mention a great way to manage stress and stay active!)

Participants will learn:

Proper Punching Form
Basic Footwork
Combination Execution
Self Esteem Skills
Coping Skills
Basic Cognitive Behavioral Skills

This program was designed by the owner of the agency, Jenna Romano, who is a Licensed Clinical Social Worker (LCSW), Licensed Clinical Alcohol & Drug Counselor (LCADC), NASM Certified Personal Trainer, NASM MMA Conditioning Specialist, and Boxing & Barbells Level 2 Certified Trainer.

At Jersey Shore Wellness Studio, we believe in bringing the body and mind into relationship with one another. We also utilize fitness and creative arts as therapeutic measures to treat and heal individuals. Our mission for this program is to use movement as a way for teens to express and empower themselves in addition to the traditional talk therapy modalities used in group.

Thank you for your support and interest in our program!

****Packages are non-transferrable and non-refundable. Due to the set schedule of the program there are no "make up" dates if sessions are missed by participants.***

**Jersey Shore Wellness Studio
Oceanport, NJ 07757**

Group Agreement Form

Please complete *Group Agreement Form & Registration Form* & submit to Jersey Shore Wellness Studio to ensure registration is complete.

Space is limited as group has a 8 participant maximum to ensure individualized attention & intimate therapeutic atmosphere.

Payment IN FULL is required to register. Checks may be made to Jenna Romano. Credit cards are accepted. No refunds will be given.

1. ***Please no....*** soda/food, phone or any other electronic devices in the group room. There is absolutely no smoking in the building.
2. All individuals are expected to conduct themselves and other group members in a respectful manner.
3. Group members understand that the group leader is required to provide general information regarding attendance, participation, progress and/or recommendations, termination (if applicable), to individual's parole/probation officer, and/or DCPD worker should they have one.
4. Group members understand that the group leader is required to report any incidences of violence, as well as plans regarding homicide and/or suicide to appropriate authorities.
5. Members will maintain ***complete confidentiality*** related to every aspect of the group, including member's names, addresses, behaviors, and materials discussed. Members may not discuss absent members.
6. It is the responsibility of group members to contact the group leader if they are not able to attend group. Members will not be reimbursed for any missed group sessions.

Youth & Parent - Please print/sign/date on above line

Jersey Shore Wellness Studio
Oceanport, NJ 07757

Group Registration Form (Completed by parent or referring agency)

Name of individual completing form:

Youth's Name:

Date of Birth:

Address:

Parent/Guardian Name:

Parent/Guardian Phone Number:

Diagnosis:

Current Medications:

CMO, Mobile Response or DCPD involvement? If so, name of worker:

Current and Previous Psychiatric Treatment:

History of self harm (cutting, suicidal ideations etc):

History of psychosis:

History of aggressive/violent behavior:

History of psychiatric hospitalizations:

Any significant history that should be noted:

Medical conditions or physical limitations:

Is youth able to participate in kickboxing/yoga/physical activities:

FITNESS WAIVER & RELEASE OF LIABILITY

Jersey Shore Wellness Studio

RELEASE OF LIABILITY -- READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Jersey Shore Wellness Studio programs, its related events and activities, I, _____ (name of participant), the undersigned, acknowledge, appreciate, and agree that:

PLEASE INITIAL BY EACH PARAGRAPH & SIGN THE BOTTOM:

____ The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

____ I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,

____ I willingly agree to comply with the stated and customary terms and conditions for participation; and, I do hereby give my approval for his/her participation in the Jersey Shore Wellness Studio's program and I agree to abide by all the rules and regulations set forth by this organization while my child is participating.

____ I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS JENNA ROMANO and/or JERSEY SHORE WELLNESS STUDIO, their officers, officials, agents and/or employees and contractors, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

____ In case of injury to my child I hereby release, absolve, indemnify, and hold harmless Jersey Shore Wellness Studio and/or their owners, employees, volunteers, organizers, sponsors, officers, managers, coaches, instructors, and supervisors and agree to waive an and all claims resulting from or in connection with the activities in which my child is participating.

____ **If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the agency immediately. By consenting to my child's participation I am also confirming that my child does not have any physical limitations or restrictions and does not require a medical release to participate in this program.**

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian Signature _____ (Date) _____

Parent/Guardian Name: _____