**The Source Within**



28504 P25 Road

Hotchkiss, CO 81419

vquest4@gmail.com

(435) 535-7084 (cellular)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (Home/cell):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred method of contact:\_\_\_\_\_\_\_\_\_\_\_\_\_

Program and date you are applying to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact (Name, phone, relationship):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about The Source Within?

List and describe any medical conditions and history (surgeries, blood sugar levels, high blood pressure, asthma, history of digestive or kidney problems, etc.):

List and describe use of prescription medications:

List and describe allergies (food, bee sting, etc):

Are you under the care of a mental health worker?\_\_\_\_\_\_\_\_\_\_\_\_

If yes, does he or she approve of your participation in this program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have health insurance?\_\_\_\_\_ If yes, please provide insurer, policy number, and phone contact:

List and describe special diet requirements (ie, what foods can you \*not\* eat):

How much sugar do you eat each day including processed sugar?

Describe any training or experience you have related to The Source Within program:

Any other information we should know to serve you better?

**Attach a letter explaining your reasons and goals for attending.** Include your deposit with this application. Make your check or money order payable to The Source Within.

***My signature indicates that I understand that* The Source Within *programs are conducted in outdoor environments where natural hazards exist. I accept these hazards as well as any possible accidents or injuries resulting from them. I waive and hold harmless* The Source Within *and its instructors from any liability caused by these hazards except where resulting from their negligence.***

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (If applicant under 18):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_