

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: _____