



*a balanced approach to healing through culture*



## **MEN'S WELLNESS PROGRAM Registration Form**

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

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Referred by: \_\_\_\_\_

Please check the ones that interest you:

Recovery	Anger management	Balance	Teachings
Domestic Violence	Healthy Relationships	Grief & Loss	Other:

What is your goal for taking this program? \_\_\_\_\_

\_\_\_\_\_

Why do you think this program will benefit your journey? \_\_\_\_\_

\_\_\_\_\_

- I understand that Thrive staff consult with one another about clients who are involved in multiple programs. *This helps us provide the best support we can offer to each individual and family.*
- I understand that all Thrive staff treats all clients' personal information private and confidential.
- I understand that I may have to fill out consent forms specific to other Thrive programs, and I must re-register every year.
- I have had a chance to ask any questions about this form and received an explanation about things I do not understand.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Covid protocols will apply when attending program. Wear a mask, use hand-sanitizer and six feet apart. Thank you.