

# Family & Couples Program **Registration Form**

## PLEASE WRITE IN BLOCK LETTERS

One registration form per person. Please photocopy if more are needed.

Ms.  Mrs.  Miss  Mr.  Dr.

\_\_\_\_\_  
Last Name First Name Initials

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Prov/State Postal Code

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

\_\_\_\_\_  
Name of Family Member/Partner/Spouse participating in Residential Program

## Where did you hear about this program?

- Physician/Therapist  Friend/Co-worker  
 Website  Other  
 Family Member

## Medical Information

Please indicate any of the following that may apply to you or someone in your group:

- Food allergies  Yes  No Seizure disorder  Yes  No  
Other allergies  Yes  No Heart condition  Yes  No  
Diabetes  Yes  No

Please describe:

Are you able to walk, feed, dress and care for yourself independently?  Yes  No

## Miscellaneous

Please note that participants are required to refrain from use of any alcohol or drugs during participation in the Family Program.

## Tuition Fees

An all inclusive fee of \$150 per person covers program cost, literature, continental breakfasts, lunches, refreshment breaks, and use of the Fitness Center. All Family Program participants must be pre-registered by 4:30 PM Pacific Standard Time zone on the Tuesday prior to commencement. **There is no charge for the Family Program if a family member/partner/spouse is currently enrolled or is an alumnus of the Sunshine Coast Health Center Residential Program.**

## Method of Payment

- Cheque  Visa  Mastercard

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Name of Cardholder Expiry Date

\_\_\_\_\_  
Signature

## Program Dates

Please call 604.487.9050 to confirm the dates of the next program, list requested dates below.

Start Date, Friday \_\_\_\_\_  
Month Day of Month  
End Date, Sunday \_\_\_\_\_  
Month Day of Month  
End Date, Monday \_\_\_\_\_  
Month Day of Month  
Today's Date \_\_\_\_\_  
Month Day of Month

## Couples Program

- I will be participating in the Couples Program. \*

(\*) The Couples Program is available to Family Program participants that currently have a partner/spouse in the Residential Program. The Couples Program is offered Monday morning following completion of the Family Program and is subject to facilitator availability and sufficient enrollment.

**Payment by Cheque:** Please make your cheque payable to the Sunshine Coast Health Center, 2174 Fleury Road, Powell River, BC Canada V8A 4Z2 • Tel 604.487.9050 Fax 604.487.9012 • www.sunshinecoasthealthcentre.ca info@sunshinecoasthealthcentre.com