



Directions Unlimited  
 32501 McDonnell Lane  
 Fort Bragg, CA 95437  
 (916) 599-8597 ~ fax (707) 962-9199

## New Directions Workshop Enrollment Agreement Form

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**Course Dates and Times**

Friday \_\_\_\_\_ 7:00 p.m. until complete  
 Saturday \_\_\_\_\_ 9:00 a.m. until complete  
 Sunday \_\_\_\_\_ 9:00 a.m. until complete  
 Graduation \_\_\_\_\_ 7:00 p.m. Sunday evening  
 Reunion \_\_\_\_\_

**Course Location**

Family Communication Center  
 2560 West Shaw Lane, #101  
 Fresno, CA 93711  
 Christine Helman (Enroller Admin)  
 (559) 313-1065

### Course Agreements

I agree to pay a course tuition of \$ \_\_\_\_\_.

I agree to attend each session, as listed above, and I agree to be on time for each session unless notification is given in advance.

I agree not to take any non-prescription drugs or alcohol within 24 hours of any session. I further agree to notify course personnel of any prescriptions or medical advice that must be followed during course sessions.

As a participant in the course, I agree to respect the confidentiality of all participants and their remarks, and I agree to keep all such materials private and confidential.

I agree to return a completed Course Information Sheet and a signed copy of this Enrollment Agreement.

### Informed Consent

I understand this course is educational and not psychotherapy or a substitute for psychotherapy.

I understand that, in addition to the benefit, there is always the risk of emotional and/or accidental medical contingencies in such a group experience. I assume the risk, by this consent, for any accident or injury to myself, or inflicted by me during the course, and hereby release **Directions Unlimited** from liability therefor.

I hereby authorize the staff of **Directions Unlimited** to take any reasonable steps on my behalf in the case of accident, injury or illness, including by not limited to emergency first aid; doctor, nurse and/or ambulance services; etc. I agree to be liable for the cost of any such action taken on my behalf, and hereby release **Directions Unlimited** from liability therefore. If I am unable to attend the course during the above session dates, my full tuition will be transferred to the next available course.

**I agree to the above terms and conditions:** \_\_\_\_\_  
Student Signature

\_\_\_\_\_ Date

Required if student is under 18 years of age: \_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_ Date

Agreed to by Directions Unlimited: \_\_\_\_\_  
Directions Unlimited Staff

\_\_\_\_\_ Date

### Payment Type (check one)

Cash (Paid in Full) ___ 100s ___ 20s ___ 10s ___ 5s ___ 1s	Master Card / Visa – on line via Pay Pal
Check # _____ (Paid in Full - payable to Directions Unlimited)	Other – See Promissory Note