



# EMPOWERED & EQUIPPED

Program Registration Form

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## Participant Information

*Please fill out all fields clearly.*

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

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)

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

Year in High School: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

High School Attending: \_\_\_\_\_

College Attending (if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian First Name: \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_

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## Emergency Contact Information

*Please provide emergency contact details.*

Emergency Contact First Name: \_\_\_\_\_

Emergency Contact Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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## Insurance Information

*\*Note: This information is strictly for making potential referrals to our community partners. We will not release this information without your permission.*

Primary Insurance Company: \_\_\_\_\_

Group #: \_\_\_\_\_ ID #: \_\_\_\_\_

Primary Insurance Type: ☐ HMO ☐ PPO ☐ Medicare ☐ Other: \_\_\_\_\_

Complete the following if you are *not* the policyholder for your primary insurance:

Insurance Policyholder: ☐ Spouse ☐ Child ☐ Parent ☐ Other: \_\_\_\_\_

Policyholder Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Policyholder Social Security Number: \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_

Group #: \_\_\_\_\_ ID #: \_\_\_\_\_

Primary Insurance Type: ☐ HMO ☐ PPO ☐ Medicare ☐ Other: \_\_\_\_\_

Complete the following if you are *not* the policyholder for your secondary insurance:

Insurance Policyholder: ☐ Spouse ☐ Child ☐ Parent ☐ Other: \_\_\_\_\_

Policyholder Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Policyholder Social Security Number: \_\_\_\_\_

Course Registering For:

Course 1

Course 2

Course 3

Participant Signature: \_\_\_\_\_

Participant Printed Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

For Minors

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Mission Statement:**

*At **Elina**, our mission is to take mental health in new directions—offering a sanctuary for self-connection through holistic healing practices that nurture the mind, body, and soul. We provide compassionate spaces for teens, adolescents, and adults to come together in community education, therapy, yoga, and more—fostering emotional resilience, authentic connection, and empowered growth. Through warmth, celebration, and intention, we help individuals embrace their wellness journey with courage, clarity, and joy.*

*“Inspired to create peace— while empowering minds and enriching lives.”*

**Elina Disclaimer Notice**

Elina’s intensive courses are facilitated by licensed mental health professionals. It is imperative that we inform our participants & their guardians of the following:

Our experiential courses are for personal growth and learning. They are NOT a substitute for psychotherapy groups.

Although our facilitators are not providing psychotherapy, as licensed mental health professionals in the state of Texas, they are mandated reporters should they suspect abuse or neglect of a child, elderly person, or someone who is unable to care for themselves.

Since our courses are strictly designed for educational purposes, Elina’s facilitators are not bound by confidentiality laws. Should a participant report suicidal or homicidal ideation with or without a plan or intent or that they are engaging in any self-injurious behaviors (cutting, burning, head banging etc), facilitators are required by Elina to disclose this to the listed emergency contact, parent, or legal guardian in Elina’s registration paperwork.

**Participant Signature:** \_\_\_\_\_

**Participant Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

For Minors

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_