

Instructions For Enrolling in the Mindfulness-Based Stress Reduction Program

You are encouraged to come to one of the two free introductory orientation sessions (December 1 and December 3). There is no obligation to enroll. We hope that the orientation will help ensure the class is a good fit. Please feel free to ask any and all questions and let me know your concerns at any point. It is my hope to make this a relevant and valuable learning experience for you.

Feel free to send me an email or give me a call as well. I will be delighted to answer your questions.

You can reach me by phone at 614-325-9265 or by email at art@krumsee.org

Registration Process

The \$350 fee (payable to **Art Krumsee**) may be included with this application or given to me at an orientation session. **All information is confidential and is used solely to help the instructor understand and address your concerns. Upon completion of the class this form and its contents will be destroyed.**

Receipt of your check will guarantee a spot in the class unless the class limit of 15 is exceeded.

Please print the form and send it to:

Art Krumsee
1952 Jewett Rd.
Powell, OH 43065

Cancellation Policy:

No charge if cancelled prior to January 1. After January 1 we will issue a refund for 75% of the fee. Between January 1 and January 21 (48 hours after the first class) we will issue a refund of 50%.

The success of Mindfulness-Based Stress Reduction classes depends on the interaction of all group participants. For this reason, no refunds will be issued after January 21.

Mindfulness-Based Stress Reduction
Registration Form

Registration for the January 19 to March 8 class held at the All Life Community, 123 Hyatts Road, Delaware, OH 43015.

Name: _____

Address: _____

Email Address: _____

Phone: (Home) _____ (Work) _____

Date of Birth: _____

Occupation: _____

Family Information: Significant Other (Y/N): _____ Children (Y/N): _____

Where did you hear about this Program? _____

What are your expectations and aspirations in taking this class?

Do you have prior experience with meditation (Y/N)? _____

If yes, please describe: _____

Most people come to MBSR classes because they are experiencing stress. How would you describe the physical and mental stress in your life now? _____

Many, but by no means all, MBSR participants are or have been in therapy at some point. Are you currently seeing a therapist or counselor (Y/N)? _____

If yes, have you talked you're your therapist about attending this class (Y/N)? _____

Have you ever had or been treated for or are you currently being treated for a psychological condition such as depression, eating disorder, drug/alcohol addiction, anxiety disorder, psychosis, schizophrenia, mania or any other psychological condition (Y/N)? _____

If yes, please specify the condition(s) and date(s) below:

Do you think that your health (i.e., pain,) will influence your ability to participate in the course? Please state any concerns. You can also let the instructor know in person.

Is there anything else you would like the instructor to know?

Informed Consent Agreement: The Mindfulness-Based Stress Reduction Programs includes skill training in relaxation and meditation methods as well as gentle stretching (yoga) exercises. There will be in-class practice as well as home practice using recordings. I understand that if for any reason I am unable to or think it unwise to engage in these techniques and exercises either during the weekly sessions or at home, I am under no obligation to engage in them or participate and I will not hold the instructor liable for an injury incurred from these exercises.

I am also aware that the Mindfulness-Based Stress Reduction Program is not a replacement for medication, therapy or medical treatment. I will not cease current treatments without consultation with my physician and/or therapist.

Furthermore, I understand that I am expected to attend each of the eight weekly sessions, the day-long session and to practice the home assignments during the duration of the training program or to talk to the instructor about special needs related to the schedule or participation concerns.

Date: _____

Full Name (Please Print): _____

Signature: _____