



Why Wait For Wellness

"An active living program for Vancouver residents
Ages 17 – 26 living with mental illness"

Registration Fall/Winter 2011-2012

Name (Please Print): _____ Date: _____

Date of Birth: _____ Age: _____

Address: _____ Postal Code: _____

Email: _____

Phone: _____

How did you hear about the Why Wait for Wellness program?

EMERGENCY CONTACT:

Name (Please Print): _____

Relationship: _____ Phone: _____

PARENT/GUARDIAN CONSENT (Required for participants under age 19)

Please be advised that _____, age _____ has registered to attend Why Wait for Wellness, a program offered by Vancouver Community Mental Health Services' Community Link Program for youth and young adults, ages 16 to 25 years, who are experiencing mental illness. Your signature below indicates that you have been informed of and consent to your minor's (under age 19 years) participation. No minor will be allowed to participate without a signed consent form.

Parent/Guardian Signature: _____

Parent/Guardian Name: (Please Print): _____

Please return this form by fax to: 604-435-5694

Or by mail to: Why Wait for Wellness C/O The Community Link Program

110-1669 East Broadway, Vancouver, BC V5N 1V9

FOR OFFICE USE ONLY

PARIS ID: _____ CHA: _____

Referral completed on PARIS? ___ Added to emergency contact list? ___ Added to email list? ___ Email Sent? ___ Package Mailed? ___

INITIAL PHONE CONTACT: Date: _____ Voicemail Left? _____ Special Notes? _____