

Blue Night Participant Form

PLEASE PRINT NEATLY!

Today's Date: _____

Last Name: _____ First Name (what you prefer to be called): _____

Address: _____ City, State, & Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____ Occupation: _____

Date of Birth: _____ Age: _____ Sex: _____ Marital Status: _____ # of Children: _____

Names with Ages of People Living With You: _____

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How did you hear about Blue Night? / Who referred you? _____

What kind of support are you looking to receive from Blue Night? _____

Please include any information you feel is pertinent for helping us serve you most supportively: _____

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Initial each statement below indicating that you understand the objectives of Blue Night and the responsibilities you have to yourself.

- _____ I understand that Blue Night is a non-therapeutic approach that uses the integrity of the nervous system to support a greater level of awareness.
- _____ I understand that Blue Night is not an approach for naming or treating symptoms, conditions, or ailments of any kind.
- _____ I understand that although Blue Night may help me achieve greater levels of wellbeing, it is not to be confused with the power I have inside of me.
- _____ I shall not confuse the care I receive from Blue Night with me fulfilling any responsibilities I may have toward myself.
- _____ I understand that although Blue Night may encourage me to develop the art of living well, it is not a linear approach.
- _____ I understand that any increase in awareness is neither prescriptive advice nor a license to practice medicine.
- _____ I understand that putting my initials in these boxes does not mean that I will win the lottery tonight, although I may get lucky.
- _____ I understand that I have a power inside my body that is so incredible that I may appear to be foolish at times. Bring it on!
- _____ I understand that the person making this form has apparently way too much free time on his hands.
- _____ I understand that the time being used on filling out this form could be better used on the session table during Blue Night.
- _____ I understand!

My signature below indicates my complete and thorough understanding and acceptance of all the above. I also understand that payment is due in full at the time services are rendered – unless prior arrangements have been made ... at which point all of my Uncle Tonys (from Queens, Bronx, Brooklyn, and Manhattan) will be given your contact information for “handling” collections! ☺☺

Signature: _____ Date: _____

WELCOME TO BLUE NIGHT!
And thank you for giving me this opportunity to serve you “well”