

Thank you for choosing to have your child/adolescent attend a group at Embodied Art Therapy & Yoga, LLC.! There are many choices out there and I am honored to be working with your family.

The group will be held at 44 Old Highway 22 Suite 7 Clinton NJ. Park behind Dominick's Pizza. You'll see a brown porch. Go up the steps and to the second door on the left. If you have any problems locating the room, call me at 732-439-3385.

Please make sure your child is dressed comfortably in clothing that you don't mind potentially getting dirty and or permanently stained.

In some groups, we may be practicing yoga poses, breathing techniques, cooperative games, and other physical movements in the beginning of groups. I always emphasize safety, proper form and alignment, and listening to one's own body. Please **carefully read** and fill out the paperwork and return it to me prior to or on the first group session. **I require these signed documents in order to participate in group.**

I encourage you to schedule a private 30 or 60 minute session with me every 6 weeks or so to review your child's progress, create new goals, and to develop in-home/in-school strategies to assist in managing behaviors and or emotions.

I'd like to ask some questions about your child so I can design the group to most effectively meet their needs. Your information will be kept confidential.

* Name, pronoun, & age?

* Favorite activities/interests?

*Coping Skills?

* How do you hope this group will help your child?

*Are there specific behaviors or patterns your child displays that you would like to see replaced with healthier/safer/happier/more effective behaviors?

* Does your child have a close friend/friends? Social outlets?

* What do you see as your child's biggest challenge? Self-expression? Social interactions? Emotional regulation? Anger management? Asserting him or herself? Anxiety? Low self- esteem? (These are just some examples, not an exhaustive list.)

* Any major stressors or big changes? Trauma history?

* Any psychiatric diagnoses/history?

*If there is anything else you think I should know that is helpful and important, please let me know:

Thank you for the privilege of working with your child. I look forward to meeting you!

Sincerely, Cathy Rosa, MS-ATR,BC RYT-200
Embodied Art Therapy & Yoga, LLC
732-439-3385

Embodied Art Therapy and Yoga, LLC. Group Policy

Please read this carefully and sign below stating that you understand/agree.

Masks must be worn at all times in the office.

Rolling Admissions: New group members may enroll at any time if there are openings. Participants may continue attending groups indefinitely.

Cost: \$45/Session payable via cash, check, Venmo (@Cathy555), HSP Card, or credit/debit card. No refunds. I have the ability to store a credit card number on my SQUARE device and send an electronic receipt.

Time: Groups are 50 minutes in length unless otherwise noted. Please arrive on time. If you can not attend please alert the group leader with as much notice as possible.

Of Participants: In an attempt to maximize therapeutic effects, maintain a safe & intimate environment, and to provide adequate attention to each member, group sizes are small. Occasionally there might not be other group members attending due to conflicts in scheduling, illness, etc. In this case, the fee for an optional individual session in lieu of the group will be \$85 as opposed to \$120 (full rate) at the regularly scheduled group time. Otherwise, we will resume the group the following week.

Thank you for your understanding.

Sincerely,



Cathy Rosa, MS, ATR-BC, RYT-200
Embodied Art Therapy & Yoga, LLC.
(732)439-3385
WWW.ArtTherapyAndYoga@Gmail.Com

I understand and agree to these policies.

Signed: _____

Printed: _____

Date: _____

Waiver and Release

Name of participant _____

Name of guardian/parent _____

Birth Date: ____/____/____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may incur through participation.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Embodied Art Therapy & Yoga, LLC., Catherine Rosa, and it's instructors.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of New Jersey.

Signature & Date: (parent if participant is a minor)