



Phone: (702) 838-3988

# ChoiceCenter Teen Leadership Program

Fax: (702) 926-4999

## Section A

If you answered "Yes" to any part of question 2 and/or 3 on page 3 (but "No" to questions 4 and 5), indicating that your child was formerly or is currently in therapy, we require that you and your child discuss with your former/current therapist the advisability of taking the ChoiceCenter Teen Leadership Training at this time. Please ask your therapist to read the first three paragraphs of the "Therapists/Physician's Release," although he/she is not required to sign the release.

We also urge you to express any concerns you may have, and listen closely to any concerns your therapist may have for your child. We strongly recommend that you follow your therapist's advice as to whether or not this is an appropriate time for your child to participate in the training. If your therapist requires more information, he or she is welcome to review this form and call us (702) 838-3988.

Once you have spoken with your therapist, please complete the following:

I have talked with my child's therapist, (please print therapist's name) \_\_\_\_\_, and asked his/her opinion about my child's participation in the ChoiceCenter Teen Leadership Program. My choice to allow my child to participate in the Teen Leadership Program at this time is made with the benefit of the therapist's advice.

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Section B

If you answered, "Yes" to questions 4 and/or 5, we recommend that you strongly reconsider your participation in the ChoiceCenter trainings. We are not qualified to assess your child's current state of health, nor do we offer the kind of expert assistance you may require in the event of a problem. If, upon reconsidering, you choose for your child to participate, you must consult with his or her counselor or therapist (or physician, in the case of question 5) and obtain his or her signature on the following "Therapists/Physician's Release" at least 48 hours prior to your child beginning the training.

## Therapist's/Physician's Release

**To be signed by your Therapist or Physician only if you answered "Yes" to questions 4 and/or 5, in the previous Confidential Health Information section, and you choose for your child to participate in the Teen Leadership Program.**

Dear Counselor or Doctor,

Your client has expressed the desire to participate in the ChoiceCenter Teen Leadership Program. We require that he/she discuss this choice with you. If you are not already familiar with ChoiceCenter Leadership University or desire additional information, please feel free to call us at (702) 838-3988.

We believe that those who benefit most participating in our courses are healthy people

whose lives are already working well. Our programs ask participants to rise above his/her self imposed limits while facilitating the group moving forward to independence and leadership. The courses are interactive and experiential, not conceptual or abstract. Therefore, a student's emotions are likely to come into play as they engage in the process of self-examination.

We encourage direct communication and honesty from all participants. During the training many participants find that they are able to remember and confront issues they do not feel comfortable dealing with in their day-to day lives. While this is valuable for most, it may not be appropriate for some individuals. We do not wish to interfere with the therapeutic relationship in any way, and ChoiceCenter is not for those with problems that should be addressed in therapy, and are conducted by trained mental health

professionals. We feel it is important for you and your client together to determine the appropriateness of his/her participation.

The structure of the training calls for a great deal of activity and participation, unlike classroom setting in which participants sit most of the time. If your patient has a medical condition that may be affected please take note of the structure and the hours of the training.

We request that you review the information contained in this Outline and Questionnaire, and discuss with your client the appropriateness of his/her participation at this time. If you agree that your client's participation is appropriate please indicate your willingness to allow your client to participate in the trainings by signing below.

Therapist's/Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Telephone \_\_\_\_\_

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

## Disclaimers

The ChoiceCenter Teen Leadership Program is beneficial for the vast majority of participants in terms of increasing personal effectiveness and overall satisfaction of life, but should not be taken to resolve emotional problems for which therapy or similar treatments are generally used. It is an experiential education program designed to enhance personal effectiveness. It is not intended to be used for psychotherapy or counseling or an alternative to psychotherapy, therapy, or any kind of counseling. ChoiceCenter is not a psychological support group or a therapeutic environment.

ChoiceCenter's staff is not trained mental health professionals and they are not trained to treat psychological problems or to provide treatment to an emotionally or psychologically distressed person. If you have, or believe you may have, a problem requiring psychological treatment, please do not attend any ChoiceCenter trainings. We urge you to see a qualified professional.

Please find the enclosed standard release form (Hold Harmless Form). By signing this form, you will be agreeing to assume full responsibility for your child's participation in the Teen Leadership Program, agreeing not to sue ChoiceCenter and agreeing to settle by arbitration any disputes that may arise.