

2024-2025 FOCUS ON THE FAMILY REGISTRATION FORM

You are applying to be considered for acceptance to the Community Cares: Focus on the Family Series – Spring 2025 Session

Family Last Name: _____

First Name Parent: _____

First Name Parent: _____

Home address: _____

City: _____ **ZIP:** _____

Contact Phone#: _____ **Contact Name:** _____

Email Address: _____

Child 1 Age: _____ **Child 2 Age:** _____ **Child 3 Age:** _____ **Child 4 Age:** _____

Other children(s) Age/Ages: _____

Why do you think your family is a good fit for this program? (You may include additional pages if needed)

Return Form to:
Info@positivelylinked.org or
Positively Linked
PO Box 1763
Oak Harbor, WA 98277



Deadline:
March 1st, 2025

Out of the 6 pillars of Lifestyle medicine and the 8 Dimensions of Wellness what area/areas would you like to improve for yourself and your family? Why? (You may include additional pages if needed)

I certify the following are true and accurate statements:

- Our family lives in Island County
- I/We have the desire to improve at least 1 area in our life that pertains to the 6 pillars of lifestyle medicine or the 8 dimensions of wellness.
- Our family will commit to attending at least 3 activities throughout the series.
- Our family will commit to attending the 1st Family Dinner & Game night in March 2025 (Location, date and time will be disclosed upon approval of application)

Signed: _____ Date: _____

I agree to the following requirement: I assume all responsibility and agree to indemnify and hold harmless Positively Linked, its officers, directors, employees and volunteers from any and all claims, products, and person(s) as a result of my/my family's participation in the Community Cares Focus on the Family Series.

Signed: _____ Date: _____

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I hereby consent to and authorize the use and reproduction by Positively Linked of any photography taken at activities and classes related to the Community Cares Focus on the Family Series of myself and my family. These photos will be used for promotional purposes only for the series.

Signed: _____ Date: _____

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