



# TRAINING FOR LIFE

TFL0901

## Client Information Información del cliente

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
*Apellido* *Nombre* *2do Nombre*

Gender:  M  F Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_ S.S. #: \_\_\_\_\_ N/A  
*Sexo:* *Fecha de nacimiento* *Estado Civil*

Home Address: \_\_\_\_\_ Apt.: \_\_\_\_\_  
*Dirección:*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*Ciudad* *Estado* *Codigo Postal*

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
*Tel. Casa* *Tel. Oficina* *Celular*

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
*Empleador*

E-mail address: \_\_\_\_\_  
*Correo Electrónico*

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### Spouse or Guardian

*Espos(a) o Guardian*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
*Apellido* *Nombre* *2do Nombre*

Gender:  M  F Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_ S.S. #: \_\_\_\_\_  
*Sexo:* *Fecha de nacimiento* *Estado Civil*

Home Address: \_\_\_\_\_ Apt.: \_\_\_\_\_  
*Dirección:*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*Ciudad* *Estado* *Codigo Postal*

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
*Tel. Casa* *Tel. Oficina* *Celular*

E-mail address: \_\_\_\_\_  
*Correo Electrónico*

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### Emergency

*Emergencia*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
*Apellido* *Nombre* *2do Nombre*

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
*Tel. Casa* *Tel. Oficina* *Celular*

Relation to Client: \_\_\_\_\_  
*Relación con el cliente*

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*Complete esta sección si usted no es el cliente pero es responsable por las facturas*

### Responsible Party

*Complete this section if you are not the client but are responsible for the bill*

Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_  
*Nombre completo* *Relación con el cliente*

Home Address: \_\_\_\_\_ Apt.: \_\_\_\_\_  
*Dirección:*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*Ciudad* *Estado* *Codigo Postal*

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
*Tel. Casa* *Tel. Oficina* *Celular*

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
*Empleador*

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### Signature

Firma

I request services:  \_\_\_\_\_

# Appointment and Cancellation Policies

Please call to our center in order to make your appointments and reservations. Because all our services are exclusively reserved for you, we stick on the Cancellation Rule of the center. It is required at least 24 hours notice for cancellations.

## Política de Citas y Cancelaciones

Por favor llame a la Recepción del centro para hacer sus citas y reservaciones. Porque todos los servicios del centro están reservados exclusivamente para usted, nos adherimos estrictamente a la norma de Cancelación del centro. Se requiere una notificación telefónica con 24 horas de anticipación a la cita y/o el servicio, en caso contrario, le serán cargados a su cuenta el costo total de la sesión no cancelada.

En señal de consentimiento y aprobación de la antes mencionada política de la empresa, firma.

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Firma/ Signature

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Fecha /Date



## Training for Life

3900 N.W. 79<sup>th</sup> Ave. Suite 566

Doral, FL 33166

305-718-0717



### INFORMED CONSENT FOR TRAINING

Please read this informed consent document carefully as your signature on this document will indicate that you have read it, understood it, and accept its provisions.

Vital Training is a “thinking technology” which helps you achieve your personal, professional and spiritual goals by creating more effective and successful relationships with the people in your life. You and your Vital Trainer meet weekly to create a customized set of communication techniques that provide a framework of insights, principles and beliefs that let you look at life’s situations with a different perspective. Using your Vital Training tools, you now have the confidence to choose how you will react, deciding what actions will produce the desired outcome for you.

Vital Training was created to help you find solutions and strategies to address your specific life situations, on both the conscious and subconscious levels.

In choosing Vital Training, you need to be aware that, although there has been 7+ years of research since this was first developed at Training for Life, it is still considered relatively new and, to some, experimental. Vital Training is NOT and will NOT pretend to substitute psychotherapy and/or coaching treatments in any way. There are also many health care practitioners who are convinced that this particular intervention **has been validated as efficacious**. They believe that the efficacy of Vital Training for dealing with your problem has been adequately demonstrated.

Although no guarantees or promises can be made that Vital Training will be effective, significant improvements in school and work performance, as well as increased control over negative behavior and emotions, have been reported. The willingness of the client to actively participate in this process is a significant factor in the success of Vital Training, and a client who is resistant or oppositional to the training may not be an appropriate candidate for Vital Training.

Vital Training can sometimes bring up painful memories. This can be part of the growth and healing process, however it can, at times, be emotionally painful. If this happens, the client will be referred to a specialist.

Vital Training provided by any Certified TFL Vital Trainer is not intended to diagnose psychological/neurological disorders.

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I understand that all of my information will be kept in strict confidentiality, my records kept in a locked cabinet, and that my name and identifying information will not be shared with anyone without my written permission.

I HAVE READ THE FOREGOING “Informed Consent for Training”, understand it, and have clarified all uncertainties before signing. I understand that there are usually

significant improvements but that some people do not improve or become worse before they become better. I hereby release Training for Life, all Vital Trainers and/or his sources of supervision, from any liability related to my Training and agree to hold his, and/or his sources of supervision, harmless from any effects caused directly or indirectly from Vital Training. My signature below serves as my consent for Training for Life, and any of the Vital Trainers to provide Vital Training for:

Name of Client: \_\_\_\_\_

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(printed name of witness)

\_\_\_\_\_  
(signature of witness)

\_\_\_\_\_  
Date: \_\_\_\_\_