

BUSI Participant Intake & Agreement Form

Participant Full Name: _____

Date of Birth: _____ Phone: _____

Email Address: _____

Home Address: _____

Emergency Contact Name & Phone: _____

Court/Probation Referral (if applicable): _____

Officer Name: _____ Deadline: _____

Program Understanding

I understand BUSI is an anger management education program and not therapy or mental health treatment. I agree to attend sessions as scheduled and complete required instructional hours before receiving a certificate.

Behavior Agreement

Participants must behave respectfully. Disruptive, threatening, or unsafe behavior may result in dismissal without certification.

Payment & Contribution Acknowledgment

I understand contributions or service fees support program operation. Payment arrangements or approved assistance must be documented prior to completion certification.

Liability Notice

I acknowledge this is an educational program. For mental health emergencies I will contact emergency services or a licensed provider.

Participant Signature: _____ Date: _____

Program Representative: _____ Date: _____