Where Kindness, Compassion & Professionals
Come Together for You & Your Family

Suite 112 * 25901 Emery Rd. Cleveland, OH 44128 * 216-765-4470 * www.Insight-Wellness.com

2011 Camp Insight Registration

Session I:	Ages 6-9	___June 13-17 ___June 20-24 or ___both weeks
	Ages 10-12	___June 27-July 1
Session II:	Ages 6-9	___Aug 1-5 ___Aug 8-12 or ___both weeks
	Ages 10-12	___Aug 15-19

GENERAL INFORMATION

Name of Student: ____

D.O.B.: ___________ **M/F?** ____ **School Attending/Grade as of 9/2011**: ____________________

Parents' Names: ____

Address: ____
Street Address

____
City, State and Zip Code

Home Phone Number: ________________ **Email Address**: ____________________

Mom's Cell Number: ________________ **Dad's Cell Number**: ____________________

How did you hear about Camp Insight? ____________________________________

CREDIT CARD PAYMENTS: by filling out the below information, I authorize Insight Learning and Wellness Center, LLC to charge the account listed below.

Type of Card: MC VISA AMEX

Name as it appears on the card: ____________________________________

Card Number: ______________________________ **Exp. Date**: ______________

Signature of Card Holder: ____________________________________

Today's Date: ______________________

Psychological/Behavioral diagnosis: ____________________ **Medication:** ______________

Allergies/Medical condition: ____________________ **Medication:** ______________

Psychological treatment with: ____________________________________

Area of emotional/behavioral need:____________________________________

Reason for choosing Camp: ____________________________________

Interests/Hobbies:______________________**Sports**: ______________________

Would like to learn/improve: ____________________________________

Do you grant permission for us to photograph your child for use in our publications? ___yes ___ no

Parent Signature____

Do you grant permission for your child to go offsite? ___yes ___no

Parent Signature____

<u>PERMISSION FOR MEDICAL TREATMENT AND RELEASE OF MEDICAL RECORD INFORMATION</u>

Child's Name____

Home Address____

Date of Birth________________________

Known Allergies____

Date of last Tetanus/Diptheria booster____

Routine or Current Medications____

Significant Medical Problems/Conditions____

____

Physician/Pediatrician____

Phone__________________________

Parent/Guardian Signature____

Parent/Guardian Signature____

<u>AGREEMENT OF LIABILITY AND RESPONSIBILITY</u>

This Agreement is entered on this date, ___________________, by Michelle Martin, an individual and owner of Insight Learning and Wellness Center, LLC and:

____________________________________(Parent/Guardian)

of __________________________________(child)

I hereby grant permission for my child, ____ to be enrolled and participate in Michelle Martin's summer camp program. Even when safe conditions are provided, injuries may and can occur. By signing this document, I agree that I will not hold Michelle Martin or Insight Learning and Wellness Center, LLC responsible for any injury or death, however unlikely, that may occur during the camp as a result of all camp activities and instruction.

____________________________________	____
Michelle Martin, Ed.S. **Date______________________________**	**Parent/Guardian**

Insight Learning & Wellness Center does not discriminate on the basis of race, ethnicity, natural origin, religion, gender, disability or ancestry.