



# 2011 Camp Insight Registration

<b>Age 6-9:</b> 1 week Session Fee: \$295 (till 3/30) \$325 (after 3/30) ___ June 13-17 ___ June 20-24 ___ Aug 1-5 ___ Aug 8-12 2 week Session Fee: \$535 (till 3/30) \$595 (after 3/30) ___ June 13-24 ___ August 1-12	<b>Age 10-12:</b> 1 week Session Fee: \$295 (till 3/30) \$325 (after 3/30) ___ June 27-July 1 ___ Aug 15-19
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Name of Student: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ M/F? \_\_\_\_\_ Grade Entering 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: \_\_\_\_\_

**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: \_\_\_\_\_

Allergies/Medical Conditions (please list): \_\_\_\_\_

Current Medications/Psychological Treatment: \_\_\_\_\_

Reason for choosing Camp: \_\_\_\_\_

Interests/Hobbies: \_\_\_\_\_

Sports: \_\_\_\_\_

Would like to learn/improve: \_\_\_\_\_

May we have your permission 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\_\_\_\_\_

**PERMISSION FOR MEDICAL TREATMENT AND RELEASE OF MEDICAL RECORD INFORMATION**

Child's Name\_\_\_\_\_

Home Address\_\_\_\_\_

Date of Birth\_\_\_\_\_

Known Allergies\_\_\_\_\_

Date of last Tetanus/Diphtheria booster\_\_\_\_\_

Routine or Current Medications\_\_\_\_\_

Significant Medical Problems/Conditions\_\_\_\_\_

Physician/Pediatrician\_\_\_\_\_

Phone\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_

**AGREEMENT OF LIABILITY AND RESPONSIBILITY**

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.

\_\_\_\_\_  
Parent/Guardian

Date\_\_\_\_\_