



Where kindness, Compassion & Professionals
Come Together for You and Your Family

25901 Emery Road, Suite #112 * Warrensville Heights, OH 44128 * 216-765-4470 * www.Insight-Wellness.com

2013 Camp Insight Registration

For Ages 5 – 13

Session1: ___ June 17 – 28

Session 2: ___ August 5 - 16

GENERAL INFORMATION

Name of Camper: _____

D.O.B.: _____ M/F? _____ Grade Entering as of 9/2013: _____

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 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 Conditions: _____ Medication: _____

Psychological Treatment With: _____

Reason for choosing Camp: _____

Interests/Hobbies: _____

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_____

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.
Date_____

Parent/Guardian