



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

# 2018 Camp Insight Registration

**For Ages 6 – 12**

**Two Week Session: July 30- Aug. 10, 2018; 9 am – 3pm**

**Camp Pricing: 2 Weeks: \$825.00 (1week: \$425 – available for 1<sup>st</sup> week only)**

**\$50 deposit to hold spot; Balance due by July 30th  
\*10% discount for 2<sup>nd</sup> child**

## GENERAL INFORMATION

Name of Camper: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ M/F \_\_\_\_\_ Grade Entering as of 9/2018: \_\_\_\_\_

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: \_\_\_\_\_ Amount: \_\_\_\_\_

Deposit \$50 to hold your child's space; Balance to be charged at your request.

\* For children with special needs call for initial consultation appointment

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