|  |
| --- |
| CLIENT INFORMATION |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Primary Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address, City, State, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: [ ]  Male [ ]  Female |
| **Age of Camper as of June 3rd 2019:** |  | **Camper entering what grade as of August 2019:** |  |
| **Previous Camp Attendance (if any)?** | **YES** [ ]  **NO** [ ]  |
| **Sibling/s Attending Camp?**  | **YES** [ ]  **NO** [ ]  |
| **How many?** |  |
| **Name of Sibling 1:**  |  | **Age** |  | **Grade** |  |
| **Name of Sibling 2:**  |  | **Age** |  | **Grade** |  |
| **Name of Sibling 3:**  |  | **Age** |  | **Grade** |  |
| **Name of Sibling 4:**  |  | **Age** |  | **Grade** |  |
| **Name of Sibling 5:**  |  | **Age** |  | **Grade** |  |

|  |
| --- |
| PARENT (Legal Guardian )NFORMATION |
| Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address City, State, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address City, State, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Camper Lives with? |  |
| Emergency Contact Name: |  |
| Address: |  |
| Phone Home: | Phone Cell: | Phone Work | Phone Alternative |
| REGISTRATION FEES AND DEADLINES |
|   [ ]  25.00 | First Session | June 10th thru June 28th | Deadline for Registration Fee | June 7th 2019 |
|  [ ]  25.00 | Second Session  | July 1st thru July 19th | Deadline for Registration Fee | June 28th 2019 |
|  [ ]  25.00 | Third Session  | July 22nd thru August 16th | Deadline for Registration Fee | July 20th 2018 |
| **Tuition Discount**  | **10% for multi-sibling registration** | **Addition 10 % in combination with payment in full by May 9th** |
| **REGISTRATION IS LIMITED TO 20** **PARTICIPANT PER SESSION. NO GURATEENED REGISTATION SPOT WITHOUT PAYMENT! (NO EXCEPTIONS)**  |
| PAYMENT INFORMATION |
|  [ ]  Check Payment  | Check # | Account Owner: |
|  [ ]  Money Order | Money Order # | Authorized Payee: |
| Payment In Full [ ]  | Partial Payment | SS 1 [ ]  | SS 2 [ ]  | SS 3 [ ]  | Discount Amount: |
| ***Parent Authorization: By signing below, you are indicating you are the responsible party. In the event services are not covered by your insurance provider, you are agreeing to make payment of any charges outstanding. Camper has permission to participate in all Winzai Amadi Counseling LLC, doing business as Camp Esteem activities except as noted by my physician or myself in writing. I understand that there might be a risk or dangers connected with some activities that are conducted at Winzai Amadi Counseling LLC, doing business as Camp Esteem and on trips and special outings away from Winzai Amadi Counseling LLC, doing business as Camp Esteem and I agree to release Winzai Amadi Counseling LLC, doing business as Camp Esteem, its owners, directors and employees from any liability or legal actions or claims which I or my child might have, or for any damage or injury to child as a result of being enrolled as a caper at Winzai Amadi Counseling LLC, doing business as Camp Esteem or from participating in any activities that results in damage or injury to my child or loss or damage of personal property, whether caused by the negligence of Camp Esteem, its owners, directors or employees, agents or otherwise. This agreement is deemed to be entered into the state of South Carolina and to be governed an enforced pursuant to South Carolina Law. I hereby give Winzai Amadi Counseling LLC, doing business as Camp Esteem permission to the physician selected by Winzai Amadi Counseling LLC, doing business as Camp Esteem to order x-rays, routine test and emergency treatment for the health of my child. I hereby give my permission to the physician selected by Winzai Amadi Counseling LLC, doing business as Camp Esteem hospitalize, secure proper treatment for and order injections and/or anesthesia and/or surgery foe my child as named above. I hereby give my permission t Winzai Amadi Counseling LLC, doing business as Camp Esteem infirmary staff may dispense over-the counter medications as deemed necessary.******I hereby release the use of music, photographic and video images and work product of the above registered camper for the purpose of camp promotion and display to the general public.***  |
| Payment and Refund Policy: In case of refund request for full payment, by June 8th, 2018, and full refund will be made. After start dates of each registration refunds will be issued. However, after start dates, refunds for registrations will not be issued. I, THE PARENT OF ABOVE NAME CAMPER OR LEGAL GUARDAIN OF THE ABOVE NAMED CAMPERER, HAVE READ AND UNDERSTOOD ***Winzai Amadi Counseling LLC, doing business as Camp Esteem POLICIES AND CAMPER CONTRACT AND AGREE TO ALL TERMS AND CONDITIONS SET FORTH IN THIS AGREEMENT.*** |
|  |  |  |  |  |
| *Client/ Legal Guardian Printed Name*  |  | *Client/ Legal Guardian Signature* |  | *Date* |
|  |
|  |  |  |  |  |
| *Therapist Printed Name* |  | *Therapist Signature* |  | *Date* |