

The Circle of life Counseling Center

DATE: \_\_\_\_\_

**B\*A\*R\*B\*I\*E**

**\*BOOT CAMP\***

**Boundaries \* Awareness \* Respect \* Bravery \* Integrity \* Empowerment**

~HELPING GIRLS BUILD CONFIDENCE, PURPOSE & DIRECTION~

**REGISTRATION FORM**

Recruit's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Going into what grade? \_\_\_\_\_

Address: \_\_\_\_\_, City \_\_\_\_\_ UT., Zip: \_\_\_\_\_

Guarantor Name: \_\_\_\_\_ Guarantor's cell number: ( ) \_\_\_\_\_-

Relationship to Recruit: Mother Father Guardian Guarantor's home number: ( ) \_\_\_\_\_-  
Other: \_\_\_\_\_

Guarantor's Address: \_\_\_\_\_, City \_\_\_\_\_ UT., Zip: \_\_\_\_\_  
(Write 'SAME' if the recruit lives full-time with the guarantor)

What is/are the current issue/s?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

What do you anticipate your recruit will get out of B\*A\*R\*B\*I\*E\* BOOT CAMP?

\_\_\_\_\_  
\_\_\_\_\_

Therapist's name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Recruit Signature: \_\_\_\_\_

**B\*A\*R\*B\*I\*E Boot Camp Fee: \$50.00 Deposit + \$85.00/ Per Recruit per session**

**Or Insurance \_\_\_\_\_ & co-pay \$ \_\_\_\_\_**

**\$50.00 Deposit Paid (date): \_\_\_\_\_**

\$ _____ Co-Pay					
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**\*BOOT CAMP\***

## **BARBIE BOOT CAMP RISK & LIABILITY WAIVER**

Recruit Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_

### **Liability Waiver and Indemnity Agreement:**

As conditions of the participation of the recruit described above in any of the practices conducted by the staff of BARBIE BOOT CAMP / Circle of Life Counseling Center, for activities during BARBIE BOOT CAMP including but not limited to physical activity, making crafts, group therapy, whether conducted on or off the premises of Mayflower Avenue, I agree to the following:

1. I waive any claim for bodily injury, personal injury or property damage against Barbie Law-Riccardelli, Carrie Carter-Reall, or the property located on Mayflower Avenue, and/or its directors, employees, contractors, agents and insurers, and any owners or lessors of the premises, including travel for the purpose of participating in any such programs or events.
2. I understand that this waiver extends to injuries incurred by any member of my family, including my recruit identified above, any other family member, or myself.
3. This agreement shall remain in effect as long as and whenever our recruit participates in any activity at The Mayflower Avenue property or with Barbie Law-Riccardelli, Carrie Carter and any Circle of Life Counseling Center staff.
4. If this agreement is not effective to waive liability on behalf of our recruit, any other family member, or ourselves we further agree to indemnify The Mayflower Avenue Property, Carrie Carter-Reall and Barbie Law-Riccardelli for its liability including all costs, fees, and expenses incurred in connection with such liability.
5. I understand that INJURY and/or DEATH may occur as a result of participating in BARBIE BOOT CAMP activities; I further understand that BARBIE BOOT CAMP is comprised of rigorous physical activity and neither the Mayflower Avenue property owners, Carrie Carter-Reall nor Barbie Law-Riccardelli will be held liable in any way for any injuries suffered physically or mentally.

### **Authorization of Medical Care:**

In case of illness or injury, if I cannot be reached, I authorize and desire medical care of my child at the discretion of the attending physician. I accept responsibility for all associated expenses.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_