

# BOOTY CAMP® SPECIAL NEEDS ADDITIONAL FORMS

## REGISTRATION FORM:

Child's Name: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ History of Violence: \_\_\_\_\_ If YES, Explain:  
\_\_\_\_\_

Level of Mobility: \_\_\_\_\_ Severity of Impairment:  
\_\_\_\_\_

Please specify and describe your child's main area of skill deficits: \_\_\_\_\_

| \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SPECIAL NEEDS PARENTAL AGREEMENT\*:

\*\*In addition to the parental agreement on the previous page\*\*

Instructor reserves the right to limit class size and require private classes at the West Chicago, Illinois location based on a child's special needs, age, and circumstances. There is an additional fee for private classes which will be determined at the instructor's discretion.

The parent or primary caregiver must ensure there are no plans or events for up to two weeks following the seminar depending on the severity of the child's special needs and abilities. The child may need to be held out of school, activities, and therapy sessions for the duration of the training, depending on the severity of the child's needs.

Follow up and additional instruction is available upon request for additional fees. Contact Wendy Sweeney, RN for more information regarding private classes, additional instruction and fees.

I, \_\_\_\_\_, agree to the above rules and regulations pertaining to the Booty Camp® seminar. If I feel that my child is having too many accidents, I will contact Wendy Sweeney with daily progress reports until the child is trained. I understand the entire training process may take up to two weeks for my child, with special needs and if at any time I feel if there is a problem, I will contact Wendy Sweeney to resolve the problem.

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