

# 2008 ADULT ENCOUNTERS REGISTRATION

Please return this form with your check to:

Sarah Brown  
 CCES Adult Encounters  
 567 Wenwood Rd.  
 Greenville, SC 29607

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F

Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address (required for communication) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Health Plan \_\_\_\_\_ Plan's Phone Number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Health Concerns Affecting Participation \_\_\_\_\_

## Class Registration

<b>Beginner Novel Writing</b>	June 23-27	10 a.m. - 11 a.m.	\$70 <input type="checkbox"/>
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<b>Digital Photography &amp; Photoshop</b>	June 9-11 & June 16-18	6 p.m. - 8 p.m.	\$105 <input type="checkbox"/>
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<b>First Aid &amp; CPR Training</b>	July 8	9 a.m. - 4 p.m.	\$40 <input type="checkbox"/>
	July 9	9 a.m. - 4 p.m.	\$40 <input type="checkbox"/>
	July 15	9 a.m. - 4 p.m.	\$40 <input type="checkbox"/>
	July 16	9 a.m. - 4 p.m.	\$40 <input type="checkbox"/>

<b>Get Pumped Up: Cardio Taebo &amp; Karate</b>	June 18	12 p.m. - 1 p.m.	\$15 <input type="checkbox"/>
	June 25	12 p.m. - 1 p.m.	\$15 <input type="checkbox"/>
	July 9	12 p.m. - 1 p.m.	\$15 <input type="checkbox"/>
	July 23	12 p.m. - 1 p.m.	\$15 <input type="checkbox"/>
	July 30	12 p.m. - 1 p.m.	\$15 <input type="checkbox"/>
	Aug 6	12 p.m. - 1 p.m.	\$15 <input type="checkbox"/>
	All 6 Classes	12 p.m. - 1 p.m.	\$60 <input type="checkbox"/>

<b>Girls to Women: The Adolescent Years</b>	July 8 - Body Image/Self Esteem	6 p.m. - 7:30 p.m.	\$40 <input type="checkbox"/>
	July 15 - Teen Culture & Peer Pressure	6 p.m. - 7:30 p.m.	\$40 <input type="checkbox"/>
	July 22 - Health & Wellness	6 p.m. - 7:30 p.m.	\$40 <input type="checkbox"/>
	All 3 Classes	6 p.m. - 7:30 p.m.	\$99 <input type="checkbox"/>

<b>Kickboxing</b>	July 7	12 p.m. - 1 p.m.	\$15 <input type="checkbox"/>
	July 14	12 p.m. - 1 p.m.	\$15 <input type="checkbox"/>
	July 28	12 p.m. - 1 p.m.	\$15 <input type="checkbox"/>
	Aug 4	12 p.m. - 1 p.m.	\$15 <input type="checkbox"/>
	All 4 Classes	12 p.m. - 1 p.m.	\$50 <input type="checkbox"/>

<b>Mosaics for the Garden</b>	July 28 - August 1	10 a.m. - 12 p.m.	\$75 <input type="checkbox"/>
	July 28 - August 1	7 p.m. - 9 p.m.	\$75 <input type="checkbox"/>
<b>Mother/Daughter Yoga</b>	June 19	12 p.m. - 1 p.m.	\$30 <input type="checkbox"/>
	July 17	12 p.m. - 1 p.m.	\$30 <input type="checkbox"/>
	Both June 19 & July 17	12 p.m. - 1 p.m.	\$50 <input type="checkbox"/>
<b>Online Scrapbooking</b>	June 10	4 p.m. - 6 p.m.	\$50 <input type="checkbox"/>
<b>Personal Finance</b>	June 25, July 2, 9, 16, 23	6 p.m. - 8 p.m.	\$124 <input type="checkbox"/>
<b>Poise, Posture, &amp; Prevention</b>	June 9	12 p.m. - 1 p.m.	\$15 <input type="checkbox"/>
	June 16	12 p.m. - 1 p.m.	\$15 <input type="checkbox"/>
	June 23	12 p.m. - 1 p.m.	\$15 <input type="checkbox"/>
	July 7	12 p.m. - 1 p.m.	\$15 <input type="checkbox"/>
	All 4 Classes	12 p.m. - 1 p.m.	\$50 <input type="checkbox"/>
<b>Printable Scrapbook Pages</b>	July 9	4 p.m. - 6 p.m.	\$50 <input type="checkbox"/>
<b>Traditional Scrapbooking</b>	July 22	10 a.m. - 11:30 a.m.	\$65 <input type="checkbox"/>
<b>Yoganize</b>	June 17	11:30 a.m. - 12:30 p.m.	\$15 <input type="checkbox"/>
	June 24	11:30 a.m. - 12:30 p.m.	\$15 <input type="checkbox"/>
	July 8	11:30 a.m. - 12:30 p.m.	\$15 <input type="checkbox"/>
	July 15	11:30 a.m. - 12:30 p.m.	\$15 <input type="checkbox"/>
	July 22	11:30 a.m. - 12:30 p.m.	\$15 <input type="checkbox"/>
	July 29	11:30 a.m. - 12:30 p.m.	\$15 <input type="checkbox"/>
	All 6 Classes	11:30 a.m. - 12:30 p.m.	\$70 <input type="checkbox"/>

**TOTAL:** \_\_\_\_\_

**Billing Information:**

Check Enclosed (Made to CCES) or  Credit Card:  Visa  Visa Debit  Mastercard  
 Check no. \_\_\_\_\_ Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Credit Card Address, if different: \_\_\_\_\_  
 Signature \_\_\_\_\_

## Release Statement

I am in good health and am fully capable of participating in all programs. If I have any health concerns that would affect my performance, I agree to discuss these with the Summer Encounters Director prior to the commencement of my program. In the event of an emergency, I hereby give permission to the nurse or physician selected by the camp director to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for me as named above. I hold harmless CCES, its officers, directors, agents, and employees from liability in connection with or arising out of property damages or personal injury of any nature, unavoidable accident, violation of applicable standards of behavior or rules, or any other damage claims arising out of or related to my participation in any program activity.

I give permission of photographs to be taken of me and to be used by the camp for promotional purposes.

I have read and understand the General Camp Policies on Page 1 of this brochure as well as the statements listed throughout this brochure. I agree to follow all the policies and procedures listed herein.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_