



The REDIRECT YOUR LIFE Experience

A JOURNEY INTO UNDERSTANDING YOURSELF AND OTHERS

ENROLLMENT FORM

(please print)

Course Location/Date _____ Enrolled by _____
Name _____ Phone _____ H ↑ C
↑
Address _____ Phone _____ H ↑ C
↑
City _____ St _____ Zip _____ E-mail _____
Tuition _____ Deposit _____ Balance _____ To be paid by _____

Make checks payable and remit to: M.C Insights, Inc., 16 Beech Drive, Maggie Valley, NC 28751

I am aware that breaking the agreement would greatly minimize the value I would gain from the course, and therefore, I will be responsible for overcoming any circumstances which would prevent me from keeping this agreement.

I agree to attend, in their entirety, all sessions of the course.

I agree to be on time for each session.

I agree to return the Student Information Sheet and this signed Enrollment Agreement Form within 5 days.

I agree not to take any non-prescription drugs or alcohol within 24 hours of any session.

As a participant of this course, I agree to respect the confidentiality of all participants and their remarks.

Informed Consent Agreement

I understand that this course is educational and NOT psychotherapy or a substitute for psychotherapy.

I understand that in addition to the benefits, there is always the risk of emotional and/or medical contingencies in such a group experience. I assume the risk, by this consent, of any accident or injury to myself during this course, or inflicted by me during the course, and hereby release the instructors from any liability thereof.

I hereby authorize the instructors to take any reasonable steps on my behalf on the case of an accident, injury, or illness including, but not limited to, first aid, doctor, nurse and/or ambulance services, etc. I agree to be liable for the cost of any such actions taken on my behalf, and hereby release the instructors for any liability thereof.

If I have had serious emotional problems or have been hospitalized for emotional problems or am currently under the care of a psychologist or psychiatrist, I understand that it is required that I attend the program only with the written permission of my therapist.

Refund Policy

After the course, if you are dissatisfied, your tuition will be refunded provided all of the following conditions have been met:

You have been in attendance the full time for each of the sessions of the course.

You have participated in all the exercises of the course.

You have met with the instructors.

You have submitted a request for a refund, stating the reasons for your dissatisfaction, within seven days of the last session of your course.

I have read and understand this entire agreement and agree to these terms and conditions.

Signature _____ Date _____



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STUDENT INFORMATION SHEET

Name _____

Course Location/Date _____

The following questionnaire is to help you achieve the most results from your weekend. This information will allow the instructors to assist you in reaching your goals. By clarifying your goals in your own mind, you will be better prepared to ensure a more successful weekend. We look forward to assisting you in making the weekend a valuable and rewarding experience.

Mel Fergenbaum
National Instructor
mel@mcinsightsinc.com

FAMILY INFORMATION

List the first name and age of each member of your family as indicated in the chart below. List a personality trait to describe each family member. Include step family information.

Your date of birth _____

	First Name	Age	Occupation	Personality Trait	Yr. died
You					
Mother					
Father					
Sibling 1					
Sibling 2					
Sibling 3					
Sibling 4					
Sibling 5					
Sibling 6					

	First Name	Age	Occupation	Personality Trait	Yr. died
Spouse/Partner					
First child					
Second child					
Third child					
Fourth child					
Fifth child					

EARLY RECOLLECTIONS

An early recollection is a memory of a **SPECIFIC INCIDENT** that occurred when you were a child, particularly before age 8. Write down the first two memorable childhood events that rise up in your heart. Give your approximate age and note how you felt at the time. It doesn't matter if the experiences you recall are positive or negative.

Example of an early recollection:

Age 4-5

*One day my parents brought home a new baby.
I felt lonely and left out.*

Notice that the above recollection describes a specific incident. It is not a generalized report.

The following is NOT an early recollection:

When I was a kid I always used to ride my tricycle and fight with my brother.

Early Recollection 1: Age _____

I felt _____

Early Recollection 2: Age _____

I felt _____

Is there anything else that you would like to share that would better enable us to help you accomplish your goals?

List the names of those you know who have completed **The REDIRECT YOUR LIFE Experience.**

ADDITIONAL BACKGROUND INFORMATION

Employed by _____

Describe your responsibilities

How are you valuable to your company?

Marital Status _____

Describe your relationship.

Do you have children? _____ Describe your relationship with them.

Have you ever had counseling? _____

Is there anything that would have made your results more positive?

Other personal growth courses you have attended:

Major physical illness or injury and the year:

Current medications

GOALS

How would you like for your life to be different as a result of completing **The REDIRECT YOUR LIFE Experience?** Be very specific about the results you desire to produce in these areas.

CAREER:

FAMILY:

FRIENDSHIPS:

INTIMATE RELATIONSHIP:

YOURSELF:

ADDITIONAL INFORMATION
