



CLIENT DATA

Parent Name(s): _____

Child's Name: _____

Child's Age: _____ Child's Grade: _____

Address:

Home Phone: _____ Cell Phone: _____

Fax: _____

Email: _____

Program Topic: _____

SESSION DETAILS

- One 4-week program
- Each week students will meet online for 45-60 minutes
- Sessions are limited to 6 students, confidential, and facilitated by Success Street, LLC
- Students will be provided with meaningful homework and progress summary

PACKAGE OPTIONS

Please select ONE:

Choose one session for \$160 (\$40/class)

Discovery Package: \$260 (Access to one 4-week session, one 60-minute individual coaching session, and unlimited email/text support in between sessions)

COACHING AGREEMENT

I understand that Success Street, LLC are not licensed clinical therapists and that I am responsible for all my decisions, actions and feelings. I understand that I cannot take legal action against Success Street, LLC for any reason related to my child's coaching experience. I understand that the information contained within Success Street, LLC website is not a substitute for professional advice such as a medical doctor, psychiatrist, accountant, lawyer or therapist. I understand that the information provided by Success Street, LLC does not constitute legal or professional advice neither is it intended to be. I understand that any decisions I make, and the consequences thereof are my own. I understand that under no circumstances can I hold Success Street, LLC liable for any actions that my child takes. I agree not to hold Success Street, LLC liable for any loss or cost incurred by me, or any person related or associated with me, as a result of materials or techniques, or coaching, offered by Success Street, LLC. I understand that the information shown on the website or expressed during sessions is intended to be general information with respect to common life issues. I understand that this information is offered in good faith - I do not have to use this information. I will indemnify Success Street, LLC in the event of any such claim, including but not limited to any claims made against the Success Street, LLC by any person related or associated with me. I understand that nothing in the content materials shall be considered legal or financial advice. I understand that Success Street, LLC reserves the right to refuse service for any reason. I understand that results are not guaranteed. I understand that Success Street, LLC holds no responsibility for the actions, choices, or decisions taken or made by me or my child. I understand that diagnosing psychological or medical conditions is for trained medical professionals (Physicians, Psychiatrists and Therapists), not for a Parent or Teen Coach. I understand that all the information shared for billing or for sessions is held confidential as allowed by law.

I understand that payments for sessions are non-refundable. I understand that payments for missed sessions, or sessions cancelled less than 24 hours are non-refundable.

I have read, understand and accept everything that is stated in the policies and procedures.

Signature(s)

Date