

Aventura • Weston • Coral Gables Miami-Dade (305) 936-1002 Broward (954) 753-1112 Fax (305) 936-1022

PPA Summer Camp Registration Form 2017

Please forward forms via fax (305) 936-1022 or email to info@mailppa.com Child's/Camper's Name: DOB: Parent(s)/Caregiver(s) Name: Parents Contact information: Parent(s) Email address(es): Emergency Contact-Name and Phone #: School and Grade Child Attends: Home Address, City, State and Zip: Individuals authorized to pick up your child: Please *CHECK* the box for the camp schedule your child will be attending: **Surfside & Paddleboard Camp:** 9 am - 3 pmAges 8 to 14 Location: Surfside Community Center, 9301 Collins Avenue, Surfside, Florida *Maximum of 12 campers accepted \square Week 2: 8/14 – 8/18 \square Week 1: 8/7 – 8/11 9 am – 12 pm Ages 7 to 10 **Intensive Social Skills Camp:** Location: PPA Aventura & Coral Gables offices *Maximum of 6 campers accepted; Minimum of 4 campers to run session June 12-16 (Coral Gables) June 19-23 (Coral Gables) **Session 1: Session 2:** July 31- Aug 4 (Coral Gables) ☐ July 31- Aug 4 (Aventura) (Aventura only-Ages 5-8) July 31- Aug 4 (Ages 11 to 14 -Coral Gables ONLY- 1 pm – 4 pm)



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PPA Summer Camp Registration Form 2017 (page 2)

Child's/Camper's Name:			
Does your child have any dietary restrictions (allergies, kosher, gluten-free)? If so, please list:			
Please list any goals/expectations you may have for your child's camp experience:			
What activities does your child enjoy doing?			
Please tell us anything else that would be important for us to know about	nt your child:		
Consent for Camp Ser	vices		
I voluntarily give consent for treatment by <i>Pediatric Psychology Associa</i> understand the purpose of the camp is to assist in the formation and devemotional health. I can withdraw my consent at any time without penalt	elopment of improved social skills and		
I understand that camp sessions may be taped for the purpose of ongoin <i>Pediatric Psychology Associates</i> will not release confidential material to permission. As provided by law, confidentiality may only be breached imminently dangerous to her/himself or others, or in cases of child abuse	o other outside parties without written for protection purposes when the patient is		
Signature:			
Print Name:			
Photograph and Videotape/Media Release Consent For The following is a Consent Agreement, which authorizes the videotapin	g, photographing and media release of		
I voluntarily agree to and give consent to the photographing and/or vide Pediatric Psychology Associates' Surf & Water Sports Summer Camp 2 the social and local media release of my child's photographs and/or vide recreational services available to children with social challenges. I under any time without penalty to me or my child.	ectaping of my child during his participation at 2017. I voluntarily agree to and give consent to eo tapes for educating the public with regards to		
Signature:	Date:		
Print Name:www.SouthFloridaTherapists.	Relation to child		
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Mailing Address: 2925 Aventura Boulevard, Suite 300, Aventura, Florida 33180



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PPA Summer Camp Registration Form 2017 (page 3)

Child's/Camper's Name	:		
Fees and Payment Option	ons for Camp:		
\$500 per week- Surf and	e at time of Sign up or by date Paddleboard Camp (maximur Social Skills Camp (maximur	n of 12 campers per w	
In order to provide adequ	Fourteen (14) days prior to t ate staffing and preparations so show or missed days will no	for the camp, please n	* ote that cancellation less than 7
Please initial one:			
I will pay \$ by cash or check (on or before 14 days prior to the first day of camp)			
I will pay \$ by credit card (credit card will be charged 14 days prior to the first day of camp).			
Registration will be charged. This option is recommended.		l consultation. Below	is my credit card information.
Name on Card			
I authorize Pediatric Psychology Associates to charge my credit card as follows:			
Please Circle: \$50 Registration Fee / \$500.00 Surf & Paddleboard & \$350 Intensive Social Skills Camp			
Type of Card: □ Visa	□ MasterCard □ AMEX	Expiration Date	
Credit Card Number			er A 3-digit number in ics on the back of the credit card
Card Holder's Billing Add	dress for Credit Card Stateme		ics on the back of the credit card
Street	City	State	Zip
PLEASE SIGN- Signatu	ıre		Date / /