

PPA Summer Camp Registration Form 2018

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:

Surf & Watersports Adventure Camp:

9 am – 3 pm Ages 8 to 14

Location: Surfside Community Center, 9301 Collins Avenue, Surfside, Florida

Week 1: 8/6 – 8/10

Week 2: 8/13 – 8/17

Intensive Social Skills Camp:

9 am – 12 pm Ages 7 to 10

1 pm – 4 pm Ages 11 to 14

Location: PPA Aventura & Coral Gables offices

*Minimum of 4 campers to run session

Coral Gables Location: **June 25-29**

July 30-August 3

Aventura Location: **July 23-27**



PPA Summer Camp Registration Form 2018 (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 your child: _____

Consent for Camp Services

I voluntarily give consent for treatment by *Pediatric Psychology Associates* for myself and/or my family members. I understand the purpose of the camp is to assist in the formation and development of improved social skills and emotional health. I can withdraw my consent at any time without penalty to me or my child.

I understand that camp sessions may be taped for the purpose of ongoing assessment and training of group participants. *Pediatric Psychology Associates* will not release confidential material to other outside parties without written permission. As provided by law, confidentiality may only be breached for protection purposes when the patient is imminently dangerous to her/himself or others, or in cases of child abuse.

Signature: _____ **Date:** _____

Print Name: _____ **Relation to child** _____

Photograph and Videotape/Media Release Consent Form

The following is a Consent Agreement, which authorizes the videotaping, photographing and media release of videotapes and photographs taken during Pediatric Psychology Associates' Summer Camps.

I voluntarily agree to and give consent to the photographing and/or videotaping of my child during his participation at Pediatric Psychology Associates' Summer Camps. I voluntarily agree to and give consent to the social and local media release of my child's photographs and/or video tapes for educating the public with regards to recreational services available to children with social challenges. I understand that I am free to withdraw my consent at any time without penalty to me or my child.

Signature: _____ **Date:** _____

Print Name: _____ **Relation to child** _____

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Child's/Camper's Name: _____

Fees and Payment Options for Camp:

\$50 Registration fee- Due at time of Sign up or by date of Consultation

\$500 per week- Surf and Watersports Adventure Camp

\$500 per week-Intensive Social Skills Camp (Minimum of 4 campers to run session)

Please note paperwork must be completed in order to secure your child's spot in the camp.

All camp fees are due fourteen (14) days prior to the first date of camp

In order to provide adequate staffing and preparations for the camp, please note that cancellation less than 7 days prior to camp and no show or missed days will not be refunded.

Please initial one:

_____ I will pay \$ _____ by cash or check (payment must be received 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 at time of sign up or initial consultation. Below is my credit card information. This option is recommended.

Name on Card _____			
I authorize <i>Pediatric Psychology Associates</i> to charge my credit card as follows:			
<i><u>\$50 Registration Fee / \$500.00 Surf & Watersports Adventure Camp or Intensive Social Skills Camp</u></i>			
Type of Card:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX
Expiration Date	_____		
Credit Card Number	_____ - _____ - _____ - _____	CVV Number	_____ A 3-digit number in reverse italics on the back of the credit card
Card Holder's Billing Address for Credit Card Statements			
Street	City	State	Zip

PLEASE SIGN- Signature _____ **Date** ____ / ____ / ____