

PPA Summer Camp Registration Form 2019

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: _____

Parent(s) 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: 8/5 – 8/9** **Week 2: 8/12 – 8/16**

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 & Weston offices

*Minimum of 4 campers to run session

Coral Gables

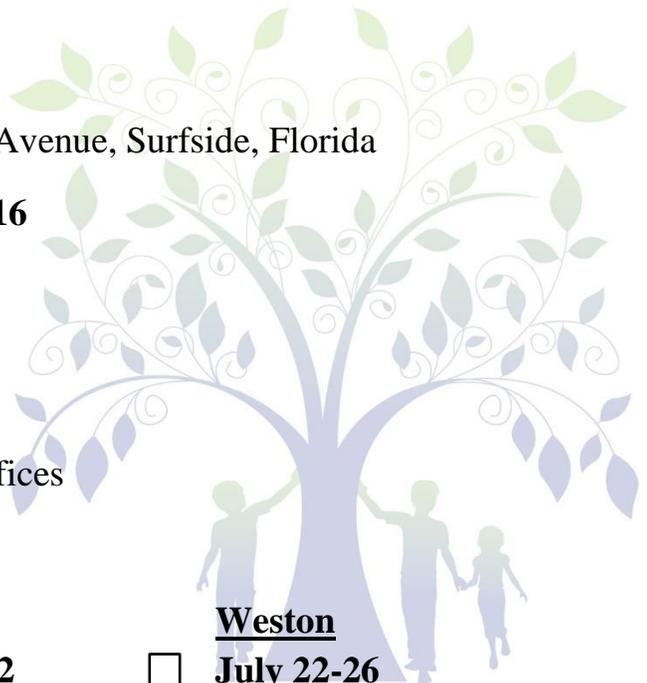
- June 24-28**
 July 22- July 26

Aventura

- July 29-August 2**

Weston

- July 22-26**
**Offered 9 am-12 pm only*



PPA Summer Camp Registration Form 2019 (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 social media release of videotapes and photographs taken during Pediatric Psychology Associates' Summer Camps. Pediatric Psychology Associates may photograph and/or videotape campers during their participation at Pediatric Psychology Associates' Summer Camps. These videos and photographs may be posted on social media for the purpose of educating the public with regards to recreational services available to children with social challenges. Please initial an option below and sign at the bottom of this page.

_____ Yes, my child's photographs/video may be released for use in social media. I understand that I am free to withdraw my consent at any time without penalty to me or my child.

_____ No, my child's photographs/video may not be released for use in social media.

Signature: _____ **Date:** _____

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

PPA Summer Camp Registration Form 2019 (page 3)

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 *Pediatric Psychology Associates* to charge my credit card as follows:

\$50 Registration Fee / \$500.00 Surf & Watersports Adventure Camp or Intensive Social Skills Camp

Type of Card: Visa MasterCard 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** ____/____/____