** SUMMER GROUP REGISTRATION**

Child’s Full Name**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the camper a client of Treehouse Pediatric Therapy? YES NO

Therapist name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis if given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact Name and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate which CAMP or GROUP you are registering for (include date and time):

**\_\_\_ JUNE 26th-30th *Social Skills Group (Rising 1st and 2nd) 9-10:30am $400***

**\_\_\_ JUNE 26th-30th *Social Skills Group (Rising3rd-5th) 11-12:30 $400***

**\_\_\_ AUGUST 7th-11th *Social Skills Group (Rising 1st and 2nd) 9-10:30am $400***

**\_\_\_ AUGUST 7th-11th *Social Skills Group (Rising3rd-5th) 11-12:30 $400***

\*\* Please make Checks payable to Treehouse Pediatric Therapy. Checks should be mailed or dropped off along with the registration form and consent for participation to:

14411 Justice Road, Suite C Midlothian, VA 23113. PLEASE NOTE: Spots are limited and DEADLINE FOR REGISTRATION IS \*\*\* MAY 26, 2017.

**CONSENT FOR PARTICIPATION/ INFORMED CONSENT WAIVER**

Therapy conducted with Wee Talk, LLC/ Wee CommunicATE LLC/ Sensational Play LLC/ Sensory Play LLC, OT4ACHILD LLC, Treehouse Pediatric Therapy LLC, and independent contractors hired by Treehouse Pediatric LLC (together, the “LLCs” and each individually, an “LLC”) may include exercise play on therapy equipment including swings, exercise balls, children’s toys and other gross and fine motor therapy activities. Therapy may also involve feeding and play activities with a variety of textures, scents, solids and liquids. **Initial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

It is necessary to get your permission to allow\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print patient’s name) to participate in the speech-language therapy, occupational therapy, creative movement therapy, summer camps and/or group programs provided by the LLC’s at your child’s preschool/school, in your home environment, and/or at 14411 Justice Road, Midlothian VA 23113.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (patient or parent/guardian) here by release the LLCs and/or independent contractors hired by Treehouse Pediatric Therapy, LLC from any liability, claims, demands, & causes of action, now or in the future, resulting from soreness, illness, or injury however caused, occurring during or after my child’s participation in the therapy programs. I acknowledge that each individual LLC and independent contractor is individualized and not responsible for the services, actions, outcomes, or liabilities of the other LLCs.

**Initial \_\_\_\_\_\_\_\_\_\_\_\_**

In signing this Consent for Participation/Informed Consent Waiver, I hereby affirm that I have fully read the above statements & understand the inherent risks involved with participation in speech-language therapy, occupational therapy, movement therapy, yoga, summer camps and/or groups with one or more of the LLCs at the child’s preschool/school setting, the child’s home environment, or 14411 Justice Road, Midlothian VA 23113 and agree / give permission for my child to participate. I have been informed of the risks and complications that may occur and alternatives that may be available. I acknowledge that no guarantees or assurances have been made to me / my child concerning the results intended from the treatment, camps and/or programs.

**Initial \_\_\_\_\_\_\_\_\_\_\_\_**

In signing this document, I hereby affirm that I have read and fully understand above statements.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

(If over 18 years of age)

Signer’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_