

Activities applying for : Bowling Swimming Art and Music

Sessions Applying for: Session 1 Session 2 Session 3 Session 4

_____ YES Special Kids Therapy may use photos for general purposes
Parent Signature such as brochures, online webpage, newsletters or publicity.

_____ NO Special Kids Therapy may not use photos.
Parent Signature

_____ T-SHIRT SIZE (please identify **child with C & adult size with A**)
(ex: 8C (size 8 child) Large A (adult large))

Disclaimer:

I understand that the potential for accidents does exist. In consideration of acceptance to Out of the Box, I indemnify and hold harmless Special Kids Therapy, Inc. and/or its staff or volunteers from any and all liability, claims, damage, injury or illness sustained by applicant, siblings, parent(s)/guardian(s). I understand accident insurance is not provided. Should a camper require special medical treatment, prescriptions, or hospital care during the camp session, parent(s)/guardians(s) shall bear the expenses.

Parent/Guardian

Date

Send Application & Monies To:
Checks payable to Special Kids Therapy

Special Kids Therapy
Out of the Box
1333 Lima Avenue
Findlay, OH 45840

Application deadline is October 17, 2011
No refunds after application deadline

Childs Name: _____

Date of Birth: _____ Gender: _____

Primary Diagnosis: _____

Special Needs Equipment child will need: _____

Special Diet Needs or Food Allergies: _____

Special Feeding Instructions: _____

Behaviors and Sensory or Visual reactions to watch for: _____

If behavior becomes an issue, what management should we use: _____

Does the child have preferences we should be aware of: _____

If communication is not verbal, how do we recognize the following needs:

Toilet _____

Thirsty/Drink _____

Hungry _____

Swimming abilities _____

Flotation device needed _____

Special Instructions _____

Parents Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Home Phone: _____ Bus or Cell: _____

E-mail _____

Emergency Phones during camp session: _____

Does your child require one on one: _____ If yes, adult personal caregiver will be required.

Caregiver's name: _____

Caregiver's phone: _____

Other Information: