

2018 Summer Camps

June 4th – August 2nd

Campers will experience a dynamic, multisensory, skill building program led by Occupational, Physical, and Speech Therapists that will take summer **LEARNING** and **FUN** to a new level... **Ninja Warrior** style!!

Ninjas

- * 5K – 2nd Grade
Monday/Wednesday
8:30 – 10:30
- * 3rd – 5th Grade
Tuesday/Thursday
8:30 – 10:30
- * 6th grade and Up
Monday/Wednesday
2:30 – 4:30

** Register based on the grade your child will be entering next school year. **

Cost: \$30/session

Warrior Skills

- * Physically **DEVELOP** strength and coordination of gross motor movements.
- * Participate in **SENSORY** focused activities to increase attention and motivation for learning.
- * Reinforce **LITERACY** skills as a functional component in most camp activities.
- * **LEARN** and **PRACTICE** executive functioning skills.
 - **UNDERSTAND** that the brain is wired to learn and grow.
 - **EVALUATE** a task and determine the best method for initiation and completion.
 - **MONITOR** progress during an activity and change approach as needed.



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Beyond Therapy



Ninja Warriors



BT Summer Camps are
Supported in part by a grant from
the Turtle Wing Foundation.
www.turtlewingfoundation.org

THANK YOU TW!!

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Registration Form

5K-2nd Grade

3rd – 5th Grade

6th Grade and Up

Cost: \$30 per Session

** Register based on grade entering next school year. **

Child information

Name: _____ DOB: _____ Age: _____

School attending: _____ Current grade: _____

Academic strengths: _____

Academic weaknesses: _____

Does your child receive supplemental services? (ST, PT, OT, ABA, tutoring, etc.) Please describe:

Parent information

Name: _____ phone: _____

Email address: _____

Emergency contact: _____ phone: _____

Consent to treat / Privacy

I voluntarily give consent for my child to participate in programs provided by Beyond Therapy and the agency's therapists, associates, and assistants. I acknowledge that no warranty or guarantee has been made to me regarding result or cure. My child's protected health information is handled in accordance with the HIPAA Privacy Rule, and may not be disclosed without my written permission.

Parent/Guardian signature: _____

Parent/Guardian print name: _____

Relationship to child: _____ Date: _____

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Consent to Photograph and Record

I, the undersigned, do hereby grant or deny permission to Beyond Therapy to use the image and/or video of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the beyond therapy web site.

Mark one:

- Deny** permission to use my child's image and/or video at all.
- Grant** permission to use my child's image and/or video in the following ways:

Mark all that apply:

- Limited usage:** My child's image and/or video may be used within the Beyond Therapy setting only (not in the larger community).
- Limited usage:** My child's image and/or video may be used for educational materials only (not marketing). This could be either within beyond therapy or in the larger community. One example of this could be videos in parent education classes.
- Limited usage:** My child's image and/or video may be used on printed materials only (no digital or video use).
- Unrestricted usage:** I give unrestricted permission for my child's image and/or video to be used in print, video, and digital media. I agree that these images may be used by Beyond Therapy for a variety of purposes and that these images may be used without further notifying me. I do understand that my child's last name will not be used in conjunction with any video or digital images.

Parent/Guardian signature: _____

Parent/Guardian print name: _____

Relationship to child: _____ Date: _____