

Release

I am aware of the nature of the risks that my child or legal ward may be subject to given his or her participation in the day camp, Social STEPs, for children with autism and other social skills needs (“the Camp”).

Further, I acknowledge and fully understand that by participating in the Camp, my child or legal ward will be engaging in activities that may involve inherent risk of injury, which might result not only from my child’s actions, but also from the action, inaction, or negligence of others, the condition of the premises, or any equipment used. I further acknowledge and fully understand that there may be risks not known to me at this time or not reasonably foreseeable. I hereby expressly assume all such risks of injury, which may occur in connection with my child’s or legal ward’s participation in the Camp.

In consideration for my child’s or legal ward’s participation in the Camp, I **HEREBY RELEASE, WAIVE, DISCHARGE**, TherapyWorks Cincinnati LLC, and TherapyWorks Cincinnati LLC’s officers, employees, and agents for liability from any and all claims including the negligence, of its officers, employees and agents, resulting in personal injury, accidents or illnesses.

I have read, understand and agree to be bound by this Waiver, Assumption of Risk and Release Agreement.

Signature: _____ Date: _____

Parent Name (printed): _____

Medical Information and Release

Child’s name: _____

Physician: _____

Phone: _____

Dentist: _____

Phone: _____

Medical Ins. Co.: _____

Policy Number: _____

Medications and medical conditions

we should be aware of: _____

By signing this Medical Information and Release Form, I grant permission for TherapyWorks Cincinnati, LLC (Social S.T.E.Ps. camp) to contact emergency medical staff for the treatment and transport of my child/ward to a local hospital, if needed. In the event that I can not be reached, I hereby grant permission to the physician selected by TherapyWorks Cincinnati, LLC staff to hospitalize, secure proper treatment for and to order any necessary medical interventions for my child/ward set forth above.

Signature: _____ Date: _____



Skills, Training, & Engagement with Peers

Oct. 27, 2018 Jan. 19, 2019 Apr. 27, 2019
visit www.socialstepscamp.com for more information

Social S.T.E.P.s mini camps are a series of therapeutic sessions for students who are meeting academic standards but are struggling with social interactions. S.T.E.P.s teaches social and emotional skills to students through fun and interactive lessons. Increased social skills can lead to better classroom success, increased peer relationships and more in depth communication with family members. S.T.E.P.s is organized and implemented by Speech Language Pathologists who have received extensive training in the area of Social Thinking.

Camp goals include building **social awareness, self-management, relationship skills and conversational skills.**

Social Awareness identifying social cues and expected vs. unexpected behaviors, understanding listener interest and hidden social rules.

Self Management includes understanding and using facial expressions and intonation and providing appropriate reactions and solutions to problems.

Relationship building skills include taking the perspective of others, participating in a group and adjusting language style based on situation and person.

Conversation skills targets include initiating and maintaining conversation, making relevant comments, using slang and humor and adjusting language style.

Planned activities will allow participants ample opportunities to learn and practice these skills. Staff will utilize teachable moments to help provide functional, real life practice to campers.

Campers: 3rd - 8th grade
Location: 10921 Reed Hartman Hwy. Suite 216. Cincinnati, OH 45242
Dates: 10/27/18, 1/19/19, 4/27/19
Time: 9-10:30am 3rd-5th grades, 11-12:30pm 6th-8th grades

Cost per camper: \$50 per session, \$125 for all three sessions.

10% discount offered for second sibling registered

For more information:
www.socialstepscamp.com
carrie@socialstepscamp.com
513-349-4919

Camper's name: _____
Date of Birth: _____
Gender: _____
School: _____
What grade is your child currently attending? _____
Does this camper have a current IEP? _____
Allergies: _____
Medical Diagnoses: _____
Parent's name(s): _____
Address: _____
City: _____
State: _____
Zip: _____
Phone: (home) _____ (cell) _____
Email address: _____

Remember:

Registration deadline is seven days prior to session date.

Make checks payable to:
TherapyWorks Cincinnati, LLC.

Send check with registration and release forms to:

Social STEPs Camp,
Carrie Steenbergen,
10999 Reed Hartman Hwy.
Suite 216
Cincinnati, OH 45242

Please be sure to sign the release form on the back!

You will receive confirmation of registration via email. Camp may be cancelled if enrollment does not allow to offer appropriate groups for skills acquisition. If enrollment does not allow for adequate groups a full refund will be given to registered campers.