



9129 Monroe Road, Suite 100-105, Charlotte, NC 28207 – 704-847-3911 phone /704-847-2033 fax

CIMT Summer Camp 2018 Waiver

The health history that I completed and submitted online is complete and accurate to the best of my knowledge. I understand that Crossway Pediatric Therapy assumes no responsibility for injuries or illnesses which may result from his/her participation in the CIMT camp classes and activities. I agree to hold harmless the staff and volunteers of Crossway Pediatric Therapy for accidents or injuries arising out of the campers participation in the activities. Crossway Pediatric Therapy adheres to OSHA standards, ADA and HIPAA guidelines. If my child requires special accommodations, I understand that I must contact Shelley Portaro, director to request the accommodations.

Summer Camp:

The fee for the CIMT camp is \$3,000 which can be paid at once or over the three week span. Fees are due prior to or on the first day of camp.

Tax Information and Receipts:

Tax ID# 32-0095955. Please make checks payable to Crossway Pediatric Therapy. We also accept MasterCard and Visa.

Please contact the front office for receipts.

Prompt Pick Up:

Unless an emergency situation arises, there will be a \$5 per 5 minutes late fee for children that are not picked up by the close of the camp.

I HAVE READ AND AGREE TO ALL THE POLICIES SET FORTH BY CROSSWAY PEDIATRIC THERAPY SUMMER CAMP AND CLASS PROGRAM.

SIGNATURE _____ DATE _____