



CIMT Summer Intensive Waiver

The health history completed and submitted online is completed and accurate to the best of my knowledge. I understand that Crossway Pediatric Therapy assumes no responsibility for injuries or illness which may result from his/her participation in the CIMT Camp classes and activities. I agree to hold harmless that 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 Dean to request the accommodations.

Summer Intensive

The fee for the CIMT Intensive is \$4000 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 all major credit cards: Visa, Master Card, Discover, Amex
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 camp.

I HAVE READ AND AGREE TO ALL THE POLICIES SET FORTH BY CROSSWAY
PEDIATRIC THERAPY CIMT INTENSIVE

Childs Name: _____

Parents Signature: _____ Date: _____

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