



## Summer 2023 CAMP Registration Form

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardians' Name(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

**CAMPS:**

X	Please place an (X) next to the appropriate class/camp.	
	<u>East Cobb Only</u> Handwriting Warriors CAMP (Ages 4-6) Monday-Friday, June 19-23; 9:00-12:00 p.m.-----\$400	
EC	BH	<u>East Cobb &amp; Buckhead</u> Social Skills CAMP (Ages 4-6) Monday-Friday, July 10-14; 9:00 a.m.-12:00 p.m .-----\$400

Please mail this "Registration Form," "Consent for Class Participation" and a \$100 non-refundable deposit to:

Building Blocks Pediatrics  
1230 Johnson Ferry Place, Suite G-10  
Marietta, GA 30068

You may also pay your deposit online at [buildingblockspediatric.com](http://buildingblockspediatric.com). Payment link is located on the main page of our site. Deposit and Registration/Consent forms must be received in order to guarantee registration.

**REGISTER FOR MORE THAN ONE CAMP and receive a \$30 discount.**

CALL 770-321-6705 or email [Office@buildingblockspediatric.com](mailto:Office@buildingblockspediatric.com) WITH ANY QUESTIONS!



**Consent for CAMP/CLASS Participation**

I \_\_\_\_\_, legal guardian of \_\_\_\_\_, hereby give consent for my child (named above) to participate in Building Blocks Pediatrics, LLC's programs. I agree to release, hold harmless and waive all claims and causes of action that may hereafter accrue to me against Building Blocks Pediatrics, LLC, and any of their officers, directors, employees, agents, independent contractors, representatives, or volunteers associated with any injury that may be caused as a result of any action other than the sole negligence of Building Blocks Pediatrics, LLC, their officers, directors, employees, agents, independent contractors, representatives, or volunteers. I further agree to indemnify and hold harmless Building Blocks Pediatrics, LLC, and any of their officers, directors, employees, agents, representatives, or volunteers, from any action or inaction of my child that may cause any injury or damage whatsoever. I hereby give full permission for my child to participate in all activities and agree to notify group leaders of any precautionary measures that should be noted or taken during group classes/camps.

I agree to pay the total class fees. I also agree to pay any additional fees that may result from a returned or invalid check, etc. I understand that I may forfeit any moneys paid, if my child does not attend his/her sessions.

I understand that the camp/class(es) in which my child is enrolled will last for a certain duration of time. I agree that I will be present to pick my child up at least 5 minutes prior to camp/class(es) ending.

I recognize that these camps/classes are community-based, and fully understand that my child will NOT be receiving traditional therapy services, even if the class leader is a therapist. I understand that these classes should not replace any traditional therapy that my child receives.

In the event of any injury to my child, I hereby grant full power of attorney to Building Blocks Pediatrics, LLC, their officers, directors, employees, agents, independent contractors, representatives, or volunteers to obtain any emergency medical treatment they (in their sole discretion) deem necessary in the best interest of my child.

**Please list any precautions, allergies or special notes regarding your child below:**

---

---

**Emergency Contact**    Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

\_\_\_\_\_  
**Child's Name (print)**

\_\_\_\_\_  
**Legal Parent/Guardian (print)**

\_\_\_\_\_  
**Legal Parent/Guardian (signature)**

\_\_\_\_\_  
**Date**

CALL 770-321-6705 or email [Office@buildingblockspediatric.com](mailto:Office@buildingblockspediatric.com) WITH ANY QUESTIONS!



Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Consent of Photograph/Video Release**

During our Summer Camps, campers may be photographed/videod by Building Blocks Pediatrics, LLC. These photographs/videos will be shared with you and the other Summer Camp families and may be used by Building Blocks Pediatrics, LLC for marketing purposes (I.e., clinic brochures, Facebook) **Names and child's information will be kept confidential.**

\_\_\_\_\_ I give permission for my child to be photographed.

\_\_\_\_\_ I DO NOT give permission for my child to be photographed and understand that I will not receive any photographs of camp activities.

Signature of parent/guardian

\_\_\_\_\_ Date \_\_\_\_\_