Building Blocks Pediatrics LLC
THERAPY AT ITS BEST
ATLANTA · BUCKHEAD · MARIETTA

Marietta Location/Mailing Address
1230 Johnson Ferry Place · Suite G-10 · Marietta, GA 30068
Buckhead Location
267 W Wieuca Road NE · Suite 101 · Atlanta, GA 30342
Phone 770.321.6705 · Fax 404.551.3891

2026 Summer CAMP Registration Form

Child's Name: _____ DOB: _____ Age: _____

Parent/Guardians' Name(s): _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Mailing Address: _____

The participant must be "group-ready" and able to engage without the need for one-onone facilitation

Place an "X" next to the camp(s) in which you would like to register your child:

_____ **Social Skills Camp** (Ages 4 to 7). JUNE 8th-12th; 9:00am -12:00pm. Monday – Friday, Cost $450. Location: East Cobb (Marietta).

Please complete the Registration Form, Class Participation, and Video/Photograph Consent Forms. A $100 non-refundable deposit is required for registration. Payments can be made online through our payment portal. Please go to buildingblockspediatric.com. Registration and Consent forms along with the non-refundable deposit must be received to guarantee your child's registration. All campers will receive a curriculum binder and T-shirt.

We can't wait to meet you and look forward to a week of fun and learning!

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Consent for Camp 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 cost of all camp/class fees. I agree to pay any additional fees which may result from a returned or invalid check, etc. I understand that I may forfeit any monies paid if my child does not attend his/her session(s).

I understand that the camp/class in which my child is enrolled will last for a certain duration of time. I agree that I will be present to pick up my child at least 10 minutes prior to the camp/class ending.

I recognize that the camp/class is community-based and fully understand that my child will NOT be receiving traditional therapy services, even if the camp/class leader is a therapist. I understand that this camp/class 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: _____

_____
Date

_____ _____
Child's Name (print) Child's Date of Birth

_____ _____
Legal Parent/Guardian (print) Legal Parent/Guardian (signature)

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Consent for Photographs/Videos

Child's Name: _____ Date of Birth: _____

Name of Person Completing Form: _____

Relationship to Child: _____

During the Summer Camp, campers may be photographed and/or videoed by Building Blocks Pediatrics, LLC. These photographs/videos may be shared with you and other Summer Camp families. These photographs/videos may be used by Building Blocks Pediatrics, LLC for other purposes such as social media posts, blog posts, and/or other marketing purposes**. The child's information will be kept confidential.**

_____ I give permission for my child to be photographed/videoed.
_____ I DO NOT give permission for my child to be photographed/videoed and understand that I will not receive any photographs and/or videos of the camp activities.

_____
Printed Name

_____
Signature

_____
Date