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SUPER STAR SUMMER CAMP AGREEMENT

We would like to thank you for choosing **Advanced Therapy Solutions, LLC** for your child's summer camp needs.

Welcome to Super Star Summer Camp!

The staff at Advanced Therapy Solutions, LLC are committed to providing you with the best possible care. Please read the following camp agreement. By signing below, I hereby acknowledge that I have completely read and fully understand ATS' Super Star Summer Camp policies.

- It is the expectation that all families with children attending camp, are financially responsible for the timely payment of all charges incurred and agree to pay the account in accordance with the established rates per selected camp session. Each camp session charge is **\$380** and is due at least **3 days prior** to the start of each session. Camp sessions are private pay and are not billed through insurance.
 - If you choose to have your child's OT or Speech Therapy session occur before, during or after camp you can schedule this with the front office.
- Families are required to provide their child with a lunch for each day of camp. ATS will provide a small snack (ATS may make reasonable accommodations based on food or diet restrictions.)
- Families are required to provide sunscreen for their child.
- It is recommended that families provide a change of clothes.
- Children attending camp are expected to demonstrate an appropriate level of personal care and safety required to interact with peers and follow directions within a 1:3 staff to child ratio. Children with significant behaviors (i.e. aggression, self-injury, elopement, avoidance/refusal and defiance) will not be an appropriate match for this camp.
- During the summer camp, gym and therapy equipment will be utilized. Families acknowledge that there is some risk inherent in the use of the therapy equipment at the clinic. **Families agree to identify and hold Advanced Therapy Solutions harmless from any and all losses and claims for any injuries or other damages occurring to my child(ren) or myself or our belongings from the use of therapeutic equipment.**

Signature of Responsible Party

Date

Childs Full Name