

# FTH SPORT SKILLS CAMP

## SUMMER 2024



FROM THE HEART THERAPY SERVICES  
4613 BEE CAVES ROAD STE # 202  
AUSTIN, TX 78746  
(512) 306-1707

## FTH CAMP PHILOSOPHY

The therapists at FTH feel this therapeutic camp environment is an important step in your child's transition to the successful inclusion into regular day camp and school programs.

It gives the therapist a chance to work with your child in a limited peer interaction setting, as well as individually, over an extended period of time. We can analyze arousal levels, sensory processing needs for a sensory diet, social interactions and functional communication skills while incorporating individual therapy goals into the framework.

Our hope is to provide a fun and motivating camp experience in a safe, supportive environment in order for your child to try out new skills.

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Austin, TX 78746



# 2024 SPORTS SKILLS CAMP

\$295 PER WEEK

9 am - 12 pm

- June 3<sup>rd</sup> - June 6<sup>th</sup> Monday thru Thursday.
- Must be 6 years old or older.
- Therapy visit (s) will occur during this time frame and will be charged as they usually are and separate from the camp fee.
- Registration deadline May 4<sup>th</sup>.

This camp is offered to children who participate in the therapy program at FTH Therapy Services. It is geared towards children who need more practice in specific sport skills and interactive social skills within a small group setting. This camp will consist of 1-week intensive skills in a fun, safe and supportive setting. Sports to be included are baseball, basketball, and soccer.

This will be limited to 6 participants and will be grouped by age, interest and need.

Number of therapy sessions to be charged in addition to camp charge:

\_\_\_\_\_ OT \_\_\_\_\_ ST

CAMP PAYMENTS ARE NON-REFUNDABLE

## FTH SPORT SKILLS CAMP Registration - 2024

CHILD'S NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SPECIAL PRECAUTIONS; \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

SPECIAL DIETS: \_\_\_\_\_

MEDICATIONS TO BE TAKEN \_\_\_\_\_

COST: \$295

Parents Signature: \_\_\_\_\_

Payment method:  Visa  MC  AMEX  Discover

Card number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on card: \_\_\_\_\_ CVC # \_\_\_\_\_

Check Number: \_\_\_\_\_