



REGISTRATION FORM

How did you hear about us: _____

Child's name: _____

Date of birth: _____ Sex: Male ___ Female ___

Parent/Guardian name(s): _____

Address: _____
street city zip code

Home phone: _____ Cell/work phone: _____

Email Address: _____

Emergency contact: _____ Relationship: _____

Emergency contact phone: _____

I give the following people permission to pick up my child from camp/therapy:

_____ phone _____

Medical Diagnosis

- In-uterero Stroke/Stroke around birth
- Cerebral Palsy
- Traumatic Brain Injury
- Brachial Plexus Injury from birth acquired
- Other: _____

Side of Body Affected: Right Left Both

Medications:

Please list all current medications and reason prescribed

Medication	Reason Prescribed

Other Health Information

Seizures Yes | No If Yes, Comment _____

Allergies Yes | No If Yes, Comment _____

Asthma Yes | No If Yes, Comment _____

Developmental Delay Yes | No If Yes, Comment _____

Cognitive Impairment Yes | No If Yes, Comment _____

What is your child's primary means of communication?

speaking signing pointing/gestures

augmentative communication – please list _____

My child is able to follow directions independently: 1 step 2 steps 3 steps

What is your child's primary means of mobility?

crawl walk use equipment – please list _____

Does your child wear splints? Yes No If yes, type _____

Daily Living Skills:

Is your child potty trained? Yes No

Is your child independent with feeding? bottle sippy cup/straw open cup utensils

List any feeding difficulties _____

Affected Arm and hand Information

1. How much does your child spontaneously use his/her most affected hand/arm?

Under 25% of time 25%-50% of time over 50% of time

2. Can your child open his/her hand? Yes No If yes, how much? _____

3. Can your child move his/her thumb away from the palm? Yes No

4. Can your child straighten his/her elbow? Yes No If yes, how much? _____

5. Can your child raise his/her arm toward the head? Yes No If yes, how much? _____

6. Can your child pick up a small toy/object? Yes No

7. Can your child release a small toy-object if placed in the hand or picked up by child? Yes No

Child's name: _____

Photo consent (circle one): YES NO

I give consent for photos and video of my child to be used in promotional materials, brochures, flyers, print ads, and Powerhouse Therapy website. I understand campers will not be identified by name on any promotional materials or photos unless permission has been granted by the parent/guardian.

Minor Waiver and Release of Liability/Parent Consent: The health history is correct and complete as far as I know, and the person herein described has permission to engage in all Powerhouse Therapy activities except as noted. In consideration of acceptance of this authorization, intending to be legally bound, hereby, for ourselves, our heirs, executors and administrators waive and release all rights and claims that may arise against Powerhouse Therapy, LLC, Christ United Methodist Church, and persons affiliated with this camp or therapy. I hereby give permission to Powerhouse Therapy, LLC to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests in the event I cannot be reached. I give permission to Powerhouse Therapy, LLC staff to arrange necessary related transportation for my child.

I hereby affirm that I have read and fully understand the above.

Printed Name: _____

Signature of Parent or Guardian: _____ **Date:** _____

Complete forms and mail with first payment to: Powerhouse Therapy, 4650 Glenforest Dr., Roswell, GA 30075