

St Croix Therapy

Summer Handwriting Camp



Top Secret Mission: Writing Secret Messages

Have you always wanted to be a spy? Or to complete top secret missions? We are calling all super spies! Join us this summer as we learn the art of sending secret messages during 3 weeks of top-secret missions. We will focus on the ability to write messages that other spies are able to read quickly.

Spies will be placed into a 9:00AM group or a 10:00AM group based on age and writing skills. All registration forms are required to include a handwriting sample on the back. Sessions will focus on the basics of handwriting, as well as underlying skills required for this complex skill. Parents are asked to arrive at 9:45/10:45 to discuss the mission of the week as there will be significant home programming to complete between sessions.

Please email Casey Van Roekel with questions: cvanroekel@stcroixtherapy.org

REGISTRATION:

Child's Name: _____

Child's Age: _____

Parent/Caregiver: _____

Email: _____

Phone: _____



**SUMMER
HANDWRITING CAMP**

**MONDAY MORNINGS
AUGUST 8-22**

**3 WEEKS, 1 HOUR
SESSIONS
TOTAL COST: \$75**

AGES 6-10

**REGISTRATION
DEADLINE
JUNE 1, 2022**

Submit this Registration form & Questionnaire and payment to St Croix Therapy, by June 1st, to reserve your child's spot.

Child's Handwriting Sample

Please have your child write three sentences below:

Assumption of Risk and Waiver of Liability

Participation at St Croix Therapy (SCT) involves elements of risk to participants. In consideration of my being allowed to participate at St Croix Therapy, located at 742 Sterbenz Dr., Hudson WI, the participants and their parent(s)/guardian(s), for themselves and their families, heirs, administrators, estates, and executors, voluntarily agree to assume all inherent risks incidental to St Croix Therapy, and agree that St Croix Therapy, its members/owners, employees, agents, sponsors, volunteers, instructors, the owners of the host site, and their successors and/or assigns ("SCT"), are not liable for, and I/we hereby release SCT from, any and all claims for cost, damages, death and/or injury to the fullest extent allowed by law resulting from those participating at St Croix Therapy, even if arising from ordinary negligence of SCT. Participants and/or visitors agree to observe all rules of St Croix Therapy.

Medical Certification & Release

In the event of any medical emergencies, I authorize St Croix Therapy to take whatever actions it deems necessary (including transport to medical service providers), and I agree to assume full responsibility for all cost associated therewith.

I have read, fully understand (including that I am giving up legal rights/remedies which may be available to me), and voluntarily agree to the above medical authorization and waiver.

Signature: _____ Date: _____