

From the Heart Therapy Services
4613 Bee Caves Road Ste # 202
Austin, TX 78746

FTH SPORT SKILLS CAMP SUMMER 2025



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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.



2025 SPORTS SKILLS CAMP

\$360 PER WEEK

9 am - 12 pm

- June 2nd - June 5th 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 9th.

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 - 2025

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: \$360

Parents Signature: _____

Payment method: Visa MC AMEX Discover

USE CARD ON FILE

Card number: _____ Exp Date: _____

Name on card: _____ CVC # _____

Check Number: _____