



ABUNDANCE THERAPIES MUSIC AND BEACH CAMP

July 28 TO AUGUST 8, 2025

Abundance Therapies' Music and Beach camp is designed to engage each child and individual on a multisensory level in the most natural environment. Throughout the course of each day, with exposure to a number of activities, all campers will gain increased self-awareness and learn how to move their bodies effectively to complete each task at hand. They will be practicing how to engage in "work" with their peers to accomplish tasks together. Through this process they will learn how to respect and help themselves and their peers through each aspect of a typical beach day, described in the itinerary below.

All camp activities will highlight:

Teamwork

Leadership

Acceptance

Respect

Tolerance

Fine and gross motor skill development and awareness

The camp is coordinated with a buddy system, which will be based on motor skills and cognitive abilities and then assisted as needed ranging from 1:1 to a maximum 3:1 ratio.

The camp integrates children and individuals of all ages and capabilities, including; Neuro-Typical Peers, teen and adult volunteers, highly skilled therapists, and musicians.

Each individual will be able to explore and enjoy their world at a pace that allows for their maximum enjoyment and personal development.

We thank you for your participation and look forward to an amazing summer with you and your family!

With Love and Laughter,

Kelli Smith, MS OTR/L

Abundance Therapies Inc.

www.Abundancetherapies.com

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2025 Music and Beach Camp

Locations:

Drop off – 10:00 AM

All children are to be dropped off at the Annenburg House on Santa Monica Beach, just south of the Santa Monica Pier by 10:00am. (Take Pico Blvd. west until it dead ends at the beach. Turn left, then turn right on Bay Street where you may turn around and our group will be waiting at the end until we are all together.)

Pick up – 2:00 PM

Children will be picked up at the same place unless otherwise specified! Alternate pick up addresses will be provided the morning of drop off if we are to be anywhere else such as the pier.

Things to Bring:

Towel, Sandals, Dry Changes of Clothes, **Lunch**, Sunscreen

Itinerary Week One

Mon, July 28

10:00-10:15am Meet and Greet/Group Orientation

10:15-10:45am Warm up circle, Morning inspiration ball play

10:45-12:00 – Transition to the beach
Sandcastle building, Seashell collecting and Water play

12:00-12:30 Lunch to group's choice of music (Child must pack own lunch)

12:30-1:15 Music warm up (Dance and Movement) Group choice of selected music

1:15-2:00 Transition to showers

Friday, Aug. 1

10:00 Meeting point in parking lot

10:15-10:30 -Warm up circle. Orientation to surfing experience!

10:30-12:30 - Surfing- water play, ball play & sandcastle building

12:45-1:15 - Rinse off and Lunch/bathroom

1:30-2:00 Music Cool down (Dance and Movement) focus on rhythms

Wednesday, July 30

10:00-10:15am - Meet and Greet/Group Orientation

10:15-11:00am - Warm up / Beach playground/ obstacle course (rings, monkey bars, parallel bars, and beams)

11:00-12:00 -To the beach we go! Interactive water play!

12:00-12:30 - Lunch to group's choice of music (Child must pack own lunch)

12:30-1:00 Rinse off and pack up to head back to park for music class

1:00-1:15 Music lesson set up (free time/bathroom break)

1:15-2:00 Music warm up (Dance and Movement) focused on drums and music tempo.



Itinerary Week Two

Mon. Aug. 3

10:00-10:15 Meet and Greet/Group Orientation

10:15-11:15 Kite Flying

11:15-12:30 Water play/Ball Play

12:30-1:00 Rinse off/Lunch

1:00 PAINTING multimedia project!

Wed., Aug. 5

10:00 Meet and Greet Group orientation

10:15-11:30 Olympic training on rings/bars

11:30-12:15 Beach relays and water play

12:15-1:00 Rinse off/Lunch

1:00-2:00 Jam Session – Group Song

Friday, Aug. 8

10:00 – Meet and Greet

10:15-10:30: Warm up circle, Orientation to Surf

10:30-11:00 Group heading to water
(Cadence in Sand, waiting for partners)

11:00 -12:30 Surf and Water Play with balls and noodles

12:30-1:15 Lunch on the beach

1:30 – 2:00 - Music Cool down (Dance and Rhythmic Movement) to song.

Client Info:

Full Name: _____ Date: _____

Date of Birth: _____

Street Address: _____

City/State/Zip: _____

Referred by: _____



Insurance Carrier: _____ ID #: _____

Responsible Party: _____ (M/F) SS#: _____

Address (if different from Patient's): _____

Employer: _____ Occupation: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Other Parent: _____ (M/F) SS# _____

Address (if different from Patient's): _____

Employer: _____ Occupation: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell: _____

I hereby authorize *Abundance Therapies, Inc* to charge my account balance to the credit card indicated below:

Credit Card Account #: _____ Exp Date: _____

☐ VISA ☐ MC ☐ AMEX Name on Card (Print) _____ Signature _____ Security Code _____

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize my physician to release any information acquired in the course of my examination or treatment to my insurance company.

Insured Person's Signature (or Responsible Party) _____

Date _____

RECEIPT OF PRIVACY PRACTICES

I hereby acknowledge receipt of Abundance Therapies, Inc's Notice of Privacy Practices.

Responsible Party Signature _____

Date _____

I understand that Abundance Therapies, Inc is not contracted with any PPO, POS, EPO, HMO or any other type of insurance company. (All charges are payable at the time of your office visit via credit card.) Initials _____

I understand that a \$5 rebilling fee will be assessed on all unpaid balances after 60 days and each month thereafter until the balance is paid. Initials _____

I understand that it is my responsibility to review my charges and diagnoses before I leave the office. Initials _____

Assumption of Risk for: Abundance Therapies Foundation and KELLI SMITH

This is a voluntary release of liability and complete assumption of risk. I hereby release Kelli Smith, and Abundance Therapies assistants, volunteers, staff members, and personnel, from any and all liability, claims, demands and actions whatsoever resulting from my presence within or my involvement in the Music and Beach Camp.

This release applies to myself, and to my parents, spouse, children, guardian, executors, future hires, assigns, creditors and administrators. This release of liability includes, but is not limited to claims based on negligence, both passive and active, of the government arising out of, or relating to any loss, damage, illness, death or injury that may be sustained while under the responsibility of **Kelli Smith or Abundance Therapies personnel**. This release also applies to all dangers inherently involved in the event in which I desire for my child to participate. I understand that the risks involved in this event include, but are not limited to, risks resulting from swimming, surfing, or other miscellaneous games; fatigue, physical exhaustion, dehydration, poor conditioning, or other medical or trauma-related ailments or injuries.

I hereby authorize emergency medical treatment in the event of injury or illness. I also authorize trained health care providers, including; but not limited to physicians, nurse practitioners, and hospital corpsmen, to administer routine and/or emergency medicines and treatments, as needed. I hereby release these health care providers from all liability for acts associated with providing me with emergency medical care.

I understand that no special measures have been taken to specifically address the needs, tendencies and care of minor children. I agree that this release applies, not only to my minor children who accompany me, and to any minor children entrusted to my care or guardianship.

I further state that I, _____ have carefully read
(Print Name)
the foregoing release, know the contents thereof, and sign this release as my own free act, on behalf of myself and/or my children or children for whom I am authorized to act as a legal guardian.

Date

Signature

Witness: _____

Witness: _____