Led by our pediatric physical therapists, Stride Through Summer is a program for children looking for a challenge. It will include high intensity exercise and activities to improve gait, higher-level mobility skills, balance, strength and endurance.

Participants will be provided with education and resources to help transition the skills they have achieved back to their community, school and home environments.

A physician referral/prescription is required to participate in the camp. Participants must have an insurance policy that will cover group therapy.

To sign up, contact us at 312.238.1139 or pedscamps@sralab.org

Baby Sharks (ages 3–5)
Monday–Thursday
July 6–July 16
10:30 am–12 pm

Participants must be able to:
- Sit safely for 1 minute with distant supervision
- Climb up and down stairs (walking or crawling) with close supervision
- Walk for 2 minutes with or without assistive device with distant supervision
- Transition from the floor to standing with minimal help
- Follow a simple two-step command

Mighty Sharks (ages 5–8)
Monday–Thursday
July 6–July 16
1–2:30 pm

Participants must be able to:
- Sit safely for 1 minute with distant supervision
- Climb stairs with 1 handrail and minimal help
- Walk for 2 minutes with or without assistive device with close supervision
- Transition from the floor to standing with minimal help
- Follow simple three-step or complex two-step commands like touch your knee then pretend to talk on the phone

All Stars (ages 9–18)
Monday–Thursday
July 20–August 13
5–7 pm

Participants must be able to:
- Sit safely for 2 minutes with distant supervision
- Climb stairs with 1 handrail and moderate help
- Walk for 2 minutes with or without assistive device with moderate help
- Transition from the floor to standing with minimal help
- Follow simple three-step or complex two-step commands like touch your knee then pretend to talk on the phone
Please print and complete all entries

Patient Name: _______________________________  Patient Birth Date: _______________________________

Address: __________________________________________________________________________________

Home Phone: _______________  Cell Phone: _______________  Email: ____________________________

Primary Doctor/Pediatrician: ___________________  Ordering Physician (for camp): ___________________

Emergency Contact: ___________________  Relationship: ___________________  Phone Number: _____________

Insurance Information

Insured/Responsible Party: _______________________________  Relation to Patient: _______________________________

Birth Date: ___________  Address (if different from patient): ___________________________________________

Primary Insurance: _______________________________  Address: ___________________________________________

Phone Number: _______________  Group Number: ___________________  ID Number: _______________

Secondary Insurance: _______________________________  Address: ___________________________________________

Phone Number: _______________  Group Number: ___________________  ID Number: _______________

Additional Information

Is the patient currently receiving physical therapy (PT)?

Has the patient participated in a Shirley Ryan AbilityLab camp before?

Please list patient’s interests and hobbies:

How did you learn about our camps?