

2010 CAMP PROGRAMS

REGISTRATION FORM (Please fill form out completely)

Child's Name _____ DOB ___/___/___ Grade Entering _____

Parents Name(s) _____ Member or Non-Member # _____

Address _____ City _____ Zip _____

Home Number (_____) _____ Contact Number During Camp _____

E-Mail Address _____

BLAST! ACTIVE KIDS
June 1-August 13 (Ages 3-12)

CAMP KEE-LOH
June 1-August 13 (Ages 10-14)

BLAST! EXTREME SPORTS CAMP
June 1-July 30 (Ages 11-14)

UP SPORTS CLINICS
June 1-July 30 (Ages 12-16)

BLAST! TENNIS CAMP
See brochure for details (Ages 3-18)

BLAST! AMBASSADORS
June 1-July 30 (Ages 13-15)

BLAST! ADVENTURE CAMP
Circle your chosen session: June 14-June 25 OR July 19-30 (Ages 6-12)

SEASONAL CAMP
Camp Dates _____

SELECT THE WEEK(S) YOU WISH TO ENROLL:

Members \$150/week Non-Members \$170/week

Members \$120/3 days Non-Members \$150/3 days

Week 1, June 1-4 M T W TH F Full time \$ _____

Week 2: June 7-11 M T W TH F Full time \$ _____

Week 3: June 14-18 M T W TH F Full time \$ _____

Week 4: June 21-25 M T W TH F Full time \$ _____

Week 5: June 28-July 2 M T W TH F Full time \$ _____

Week 6: July 5-9 M T W TH F Full time \$ _____

Week 7: July 12-16 M T W TH F Full time \$ _____

Week 8: July 19-23 M T W TH F Full time \$ _____

Week 9: July 26-30 M T W TH F Full time \$ _____

Week 10: August 2-6 M T W TH F Full time \$ _____

Week 11: August 9-13 M T W TH F Full time \$ _____

***Extended care is free and available from 7AM-6PM**

PAYMENT

NON-MEMBERS MUST HAVE CC # ON FILE OR PRE-PAY FOR EACH CAMP

Transaction Type: ___ Cash ___ Check (# _____) ___ Credit Card ___ Club Charge

Type of Credit Card: ___ Visa ___ AMEX ___ Discover ___ MC

Name on Card _____ Credit Card # _____ Expiration _____

Billing Zip Code _____ Total Paid _____ Date Paid _____

\$60 registration deposit paid. Staff Initials _____

Authorizing Signature _____ Staff Initials _____

SUMMER CAMP POLICIES

BY SIGNING THIS AGREEMENT (SIGNATURE ON REVERSE), I HEREBY ACCEPT AND ACKNOWLEDGE THE FOLLOWING TERMS & CONDITIONS.

HEALTH WARRANTY _____

Participant warrants and represents that he/she has no disability, impairment or ailment preventing him/her from engaging in active or passive exercise that will be detrimental or inimical to his/her health, safety or physical condition if he/she does so engage or participate. This representation is made by Participant knowing that management will rely upon same respect to the registration of Participant.

PHOTO RELEASE _____

The undersigned hereby agrees to the photographic or electronic reproduction and use of their image and/or likeness or those of the minor Child/Participant indicated herein taken while participating in the program in marketing and advertising vehicles now and in the infinite future for the Club. The undersigned acknowledges and understands that there will be no compensation or other fees for these uses.

RULES & REGULATIONS _____

Participant hereunder is bound by and shall comply with the rules and regulations, policies and procedures of the Club.

LIABILITY AND WAIVER OF LIABILITY _____

Participant accepts full responsibility for his/her use of any and all apparatus, facility, privilege or service whatsoever, owned and operated by this Club or any activity organized or sponsored by the Club either on or off the Club's premises at his or her own risk and shall hold this Club an its shareholders, directors, officers, employees, representatives and agents harmless from any an d all loss, claim, injury, damage or liability sustained or incurred by him/her resulting therefrom.

TAX ISSUES _____

You must save all receipts and program registration forms if you will be deducting the cost of Summer Camp on your taxes. Sports & Wellness is not responsible for creating or maintaining that information. For convenience, our Tax ID Number is 8411387009.

REFUND POLICY _____

If you need to withdraw your child from camp, refunds will be issued on the following basis:

More than two weeks to the beginning of the session – 100% refund

Two weeks or less to the beginning of a session – 75% refund

One week or less to the beginning of a session – 50% refund

No refunds will be granted once a session has begun.

PLEASE NOTE: There is a \$120 processing fee for every week refunded for all the above mentioned camps.

LATE REGISTRATION POLICY _____

If you wish to add additional weeks during the summer, registration must be made no later than 12:00 noon, the Friday before the camp you wish your child to attend begins. If space is available and you wish to register at that time, a \$25 late registration fee will be added.

TRANSFERRING _____

You may switch sessions provided there is space available. If a session is full, a waiting list will be created. ONE FREE TRANSFER PER SUMMER. EACH ADDITIONAL TRANSFER HAS A \$15 TRANSFER FEE.

HEALTH INFORMATION _____

All health history information must be received by May 1, regardless of the week(s) the child attends or if this information is not received, children will not be permitted to attend camp.

ILLNESS POLICY _____

Refunds/transfers will not be issued if a child misses any days of camp due to common illness such as the flu, colds, chicken pox, strep throat, etc. If a child cannot attend due to a documented physical condition (a broken bone) a refund may be issued at the director's discretion at no more than a 50% refund.

FIELD TRIPS _____

Those who are participating in our 3-day camp option and choose Field Trip Day as one of their camp days are subject to a \$17.50 field trip fee.

FOR A FULL LIST OF CAMP POLICIES, PLEASE REFER TO THE CAMP GUIDE, WHICH IS AVAILABLE AT THE BEGINNING OF ALL SESSIONS, OR CONTACT ASHLEY LAGOS 505.797.9456.

