



Genesis Racquet Club Change Form

<input type="checkbox"/>	MEMBER
<input type="checkbox"/>	NON-MEMBER

Team Member Name:	_____
Date Received:	_____

Camper Name:	_____
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Cancellations

Camp Weeks	M-F	MWF	TTh	M	T	W	Th	F
1 May 26 - 29		x		x				
2 Jun 1 - 5								
3 Jun 8 - 12								
4 Jun 15 - 19								
5 Jun 22 - 26								
6 Jun 29- Jul 3								
7 Jul 6 - 10								
8 Jul 13 - 17								
9 Jul 20 - 24								
10 Jul 27 - Jul 31								
11 Aug 3 - 7								

PROGRAM CANCELLATION POLICY:

Two weeks prior to the start of the cancelled week, schedule changes can be made free of charge by emailing an electronic Change Form to BScudderSoucie@genesishealthclubs.com

On or after the deadline, refunds for camp fees will only be processed if a child on the waitlist can take the cancelling child's spot in camp. If the requested cancellation date cannot be filled by a waitlist camper, the spot in camp will remain reserved for the enrolled camper and therefore a refund will not be processed. There is a \$25 processing fee for Change Forms processed after the deadline. Change Forms will only be processed if a child on the waitlist can take the cancelling child's spot in camp.

Cancellation Due to Camper Sickness:

To support with daily operations, although a refund is not warranted, parents are asked to call the Front Desk at 402.413.1085 to ensure clarity. If a participant becomes ill during the program day the participant's parents will be notified. The team leader will communicate with the participant's parents to arrange a pick up. If a camper departs early due to illness no portion of the program fees is refundable.

Additions

Camp Weeks	M-F	MWF	TTh	M	T	W	Th	F
1 May 26 - 29		x		x				
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Camp Pricing:

	Member	Non-Member
M-F	\$ 165	\$ 185
MWF	\$ 114	\$ 124
T/Th	\$ 84	\$ 94
Single Day	\$ 42	\$ 47

Team Member Use:

Date Processed: _____

Processed By: _____

Parent Name: _____

Parent Signature: _____

Date: / /