Ridgeview Change Form

☐ MEMBER
☐ NON-MEMBER

Team Member Name: _____

Date Received: _____

Camper Name:		

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 dschlotterer@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 913.210.1775 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				
2 Jun 1 -5								
3 Jun 8 - 12								
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6 Jun 29- Jul 3								
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8 Jul 13 - 17								
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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: / /