



# Rock Road Change Form

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

Team Member Name: \_\_\_\_\_

Date Received: \_\_\_\_\_

Camper Name: \_\_\_\_\_

## Cancellations

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

## Elective Class Options

Lesson:

Swimming

Tennis

Rock Wall

Week: 2 3 4 5 6

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7 8 9 10

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## 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 [aingram@genesishhealthclubs.com](mailto:aingram@genesishhealthclubs.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 316.201.9267 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 Jun 1 - 5								
2 Jun 8 - 12								
3 Jun 15 - 19								
4 Jun 22 - 26								
5 Jun 29- Jul 3								
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## Camp Pricing:

	Member	Non-Member
M-F	\$ 150	\$ 160
MWF	\$ 104	\$ 108
T/Th	\$ 76	\$ 80
Single Day	\$ 38	\$ 40

Team Member Use:

Date Processed: \_\_\_\_\_

Processed By: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date:     /     /