

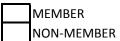
Additions

MWF TTh

M T W Th F

M-F

Rock Road **Change Form**



Team Member Name:

Date Received:

Camper Name:

Camp Weeks

1 Jun 1 -5

2 Jun 8 - 12

3 Jun 15 - 19

4

5

6

7

Jun 22 - 26

Jun 29- Jul 3 Jul 6 - 10

Jul 13 - 17

8 Jul 20 - 24 9 Jul 27 - Jul 31 10 Aug 3 - 7

Cancellations																
Camp Weeks		M-F	MWF	TTh	м	т	w	Th	F	Elective Class Options						
1	Jun 1 -5										Week:	2	3	4	5	6
2	Jun 8 - 12									Lesson:						
3	Jun 15 - 19									Swimming	r	7	8	9	10	
4	Jun 22 - 26									Tennis						
5	Jun 29- Jul 3									Rock Wall						
6	Jul 6 - 10															
7	Jul 13 - 17															
8	Jul 20 - 24															
9	Jul 27 - Jul 31															
10	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 aingram@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 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.

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: _____

1 1 Date: