



Topeka SW 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 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								

Elective Class Options

Tennis:

Session 1: May 26 - July 5

Session 2: July 6 - August 16

<input type="checkbox"/>
<input type="checkbox"/>

Session: 1 2 3 4
Weeks: 2-3 4-5 7-8 9-10

Swim Lessons

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PROGRAM CANCELLATION POLICY:

Two weeks prior to the start of the cancelled camp week, schedule changes can be made free of charge by emailing an electronic Change Form to bhayes@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 785.338.4918 or Bryan Hayes (Sports Camp Director) at 785.338.4918 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	\$ 135	\$ 155
MWF	\$ 93	\$ 98
T/Th	\$ 69	\$ 74
Single Day	\$ 37	\$ 42

Team Member Use:

Date Processed: _____

Processed By: _____

Parent Name: _____

Parent Signature: _____

Date: / /