

West Central Change Form

MEMBER
NON-MEMBER

BY GENESIS HEALTH CLUBS								Date Received:
Camper Name:								
Camp Weeks	1	cellatio		М	т	w t	h F	Elective Class Options
 Jun 1 -5 Jun 8 - 12 Jun 15 - 19 Jun 22 - 26 Jun 29 - Jul 3 Jul 6 - 10 Jul 13 - 17 Jul 20 - 24 Jul 27 - Jul 31 Aug 3 - 7 								Week: 2 3 4 5 6 Swim Lessons: 7 8 9 10 Weeks: 2 3 4 5 6 Tennis Lessons: 7 8 9 10 PROGRAM CANCELLATION POLICY:
Camp Weeks 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	Ad M-F	ddition	TTh	M	T	w T	h F	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 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.
 7 Jul 13 - 17 8 Jul 20 - 24 9 Jul 27 - Jul 31 10 Aug 3 - 7 								Camp Pricing: Member Non-Member M-F \$ 150 \$ 160 MWF \$ 104 \$ 108 T/Th \$ 76 \$ 80 Single Day \$ 38 \$ 40
Team Member Use:							Parent Signature:	
Processed By:				_			Parent Signature: Date: / /	