



# Westroads 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

Session:	1	2	3	4	5
Swim Lessons:					
Tennis Lessons:					

## 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 [kayla.baker@genesishhealthclubs.com](mailto:kayla.baker@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 402.413.1085 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								
4 Jun 15 - 19								
5 Jun 22 - 26								
6 Jun 29- Jul 3								
7 Jul 6 - 10								
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11 Aug 3 - 7								

## Camp Pricing:

	Member	Non-Member
M-F	\$ 170	\$ 190
MWF	\$ 118	\$ 128
T/Th	\$ 86	\$ 96
Single Day	\$ 43	\$ 48

Team Member Use:

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

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

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

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

Date:     /     /