



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 Jun 1 - 4		X		X				
2 Jun 7 - 11								
3 Jun 14 - 18								
4 Jun 21 - 25								
5 Jun 28- Jul 2								
6 Jul 5 - 9								
7 Jul 12 - 16								
8 Jul 19 - 23								
9 Jul 26 - Jul 30								
10 Aug 2 - 6								
11 Aug 9 - 13								

Elective Class Options

Tennis:

Session 1: June 1 - July 11

Session 2: July 12 - August 22

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

Session: 1 2 3 4

Weeks: 2-3 4-5 6-7 8-9

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

PROGRAM CANCELLATION POLICY:

Two weeks prior to the start of the cancelled camp week (Monday at 9am), 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.

Additions

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1 Jun 1 - 4		X		X				
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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: / /