Westroads Change Form

MIGHTY CAMP! BY GENESIS HEALTH CLUBS

☐ MEMBER
☐ 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								

Additions

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

Swim Lessons:

Session:	1	2	3	4	5

PROGRAM CANCELLATION POLICY:

Two weeks prior to the start of the cancelled week (Monday at 9am), schedule changes can be made free of charge by emailing an electronic Change Form to ashley.stringfellow@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 402.413.1085 Ext: 705 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	$ 180	$ 200
MWF	$ 128	$ 138
T/Th	$ 88	$ 98
Single Day	$ 45	$ 50

Team Member Use:

Date Processed: _____

Processed By: _____

Parent Name: _____

Parent Signature: _____

Date: / /