



132nd & Center 2022 Change Form

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|--------------------------|------------|
| <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 31 - Jun 3 | | X | | X | | | | |
| 2 Jun 6 - 10 | | | | | | | | |
| 3 Jun 13 - 17 | | | | | | | | |
| 4 Jun 20 - 24 | | | | | | | | |
| 5 Jun 27 - Jul 1 | | | | | | | | |
| 6 Jul 5 - 8 | | X | | X | | | | |
| 7 Jul 11 - 15 | | | | | | | | |
| 8 Jul 18 - 22 | | | | | | | | |
| 9 Jul 25 - 29 | | | | | | | | |
| 10 Aug 1 - 5 | | | | | | | | |
| 11 Aug 8 - 12 | | | | | | | | |

Elective Class Options

Session: 1 2 3 4 5 6

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2 Day Swim Lessons:

Session: 1 2 3 4 5 6

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3 Day Swim Lessons:

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 amanda.morris@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 Ext: 711 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 31 - Jun 3 | | X | | X | | | | |
| 2 Jun 6 - 10 | | | | | | | | |
| 3 Jun 13 - 17 | | | | | | | | |
| 4 Jun 20 - 24 | | | | | | | | |
| 5 Jun 27 - Jul 1 | | | | | | | | |
| 6 Jul 5 - 8 | | X | | X | | | | |
| 7 Jul 11 - 15 | | | | | | | | |
| 8 Jul 18 - 22 | | | | | | | | |
| 9 Jul 25 - 29 | | | | | | | | |
| 10 Aug 1 - 5 | | | | | | | | |
| 11 Aug 8 - 12 | | | | | | | | |

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: / /