



North Overland Park 2022 Change Form

<input type="checkbox"/>	MEMBER
<input type="checkbox"/>	NON-MEMBER

Team Member Name:	_____
Date Received:	_____

Camper Name:	_____
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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						

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 haley.elliott@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 913.210.1775 Ext: 702 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						

Camp Pricing:

	Member	Non-Member
M-F	\$ 180	\$ 210
MWF	\$ 124	\$ 140
T/Th	\$ 90	\$ 104
Single Day	\$ 45	\$ 52

Team Member Use:

Date Processed: _____

Processed By: _____

Parent Name: _____

Parent Signature: _____

Date: / /