

## Rock Road 2022 Change Form

MEMBER
NON-MEMBER

Team Member Name:	
Date Received:	

### **Camper Name:**

Cancellations									
Can	np Weeks	M-F	MWF	TTh	M T W Th			F	
1	May 31 - Jun 3		х		х				
2	Jun 6 - 10								
3	Jun 13 - 17								
4	Jun 20 - 24								
5	Jun 27- Jul 1								
6	Jul 5 - 8		х		Х				
7	Jul 11 - 15								
8	Jul 18 - 22								
9	Jul 25 - 29								
10	Aug 1 - 5								
11	Aug 8 - 12								

### **Elective Class Options**

 Lesson (circle your selection):
 Week:
 1
 2
 3
 4
 5
 6

 Swimming
 7
 8
 9
 10
 11

 Rock Wall
 1
 1
 1
 1
 1

### **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 <a href="mailto:stephanie.whittit@genesishealthclubs.com">stephanie.whittit@genesishealthclubs.com</a>

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 316.201.9267 Ext: 708 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

## Camp Pricing: Member Non-Member M-F \$ 150 \$ 160 MWF \$ 104 \$ 108 T/Th \$ 76 \$ 80 Single Day \$ 38 \$ 40

Team Member Use:	
Date Processed:	
Processed By:	

Parent Name:						
Parent Sig	gnature:					
Date:	/	1				