



84th & Q 2023 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 May 30-June 2		X		X				
2 June 5-9								
3 June 12-16								
4 June 19-23								
5 June 26-30								
6 July 3, 5-7			X		X			
7 July 10-14								
8 July 17-21								
9 July 24-28								
10 July 31-August 4								
11 August 7-11								

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 colette.tomas@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: 712 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 30-June 2		X		X				
2 June 5-9								
3 June 12-16								
4 June 19-23								
5 June 26-30								
6 July 3, 5-7			X		X			
7 July 10-14								
8 July 17-21								
9 July 24-28								
10 July 31-August 4								
11 August 7-11								

Camp Pricing:

	Member	Non-Member
M-F	\$ 200	\$ 220
MWF	\$ 140	\$ 154
T/Th	\$ 100	\$ 110
Single Day	\$ 50	\$ 55

Team Member Use:

Date Processed: _____

Processed By: _____

Parent Name: _____

Parent Signature: _____

Date: / /