



Miramont South 2023 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 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										

Elective Class Options

Session:	1	2	3	4	5
Weeks:	2-3	4-5	6-7	8-9	10-11
Swim Lessons:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Session:	1	2	3	4
Weeks:	1-3	4-6	7-9	10-11
Tennis Lessons:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROGRAM CANCELLATION POLICY:

Two weeks prior to the start of the cancelled camp week (Monday at 9am), schedule changes can be made free of charge by emailing an electronic Change Form to nate.westfahl@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 Camp Desk at 970.672.4248 or Nate Westfahl (Sports Camp Director) at 970-829-8555 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	\$ 270	\$ 290
MWF	\$ 189	\$ 203
T/Th	\$ 136	\$ 146
Single Day	\$ 68	\$ 73

Team Member Use:

Date Processed: _____

Processed By: _____

Parent Name: _____

Parent Signature: _____

Date: / /