



# West Central 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								

## Elective Class Options

Swim Lessons:

Week: 1 2 3 4 5 6

--	--	--	--	--	--

7 8 9 10 11

--	--	--	--	--

Tennis Lessons:

Weeks: 1 2 3 4 5 6

--	--	--	--	--	--

7 8 9 10 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 [stephanie.whittit@genesishhealthclubs.com](mailto:stephanie.whittit@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 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: 707 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.

## Camp Pricing:

	Member	Non-Member
M-F	\$ 165	\$ 185
MWF	\$ 116	\$ 130
T/Th	\$ 82	\$ 94
Single Day	\$ 41	\$ 47

Team Member Use:

Date Processed: \_\_\_\_\_

Processed By: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: / /