



RidgeKids Summer Camps

2018 REGISTRATION FORM

Today's Date ___/___/___

Member Number _____

Parent/Guardian's Name (print)

Email

Participant (child) Name (print)

___/___/___
Date of Birth

Gender

2018-19 Grade

Home Address

City

Zip Code

Annual Registration Fee: \$25

Member

Non-Member

Employee

<u>Dates</u>	<u>Theme</u>	<u>Time Options</u>						
<input type="checkbox"/> June 4-8	<i>Super Heroes</i>	<input type="checkbox"/> Entire Week	(or)	M	T	W	R	F
<input type="checkbox"/> June 11-15	<i>Amazing Race</i>	<input type="checkbox"/> Entire Week	(or)	M	T	W	R	F
<input type="checkbox"/> June 18-22	<i>Extreme Sports</i>	<input type="checkbox"/> Entire Week	(or)	M	T	W	R	F
<input type="checkbox"/> June 25-29	<i>School of Wizardry</i>	<input type="checkbox"/> Entire Week	(or)	M	T	W	R	F
<input type="checkbox"/> July 9-13	<i>Mad Science</i>	<input type="checkbox"/> Entire Week	(or)	M	T	W	R	F
<input type="checkbox"/> July 16-20	<i>Breaking Barriers</i>	<input type="checkbox"/> Entire Week	(or)	M	T	W	R	F
<input type="checkbox"/> July 23-27	<i>Got Talent</i>	<input type="checkbox"/> Entire Week	(or)	M	T	W	R	F
<input type="checkbox"/> July 30-Aug 3	<i>Summer Madness</i>	<input type="checkbox"/> Entire Week	(or)	M	T	W	R	F
_____ X _____ = _____ # of Weeks \$ Total			_____ X _____ = _____ # of Days \$ Total			_____ (Initials)		

Camp Additions & Discounts:

		FEE:
Lunch	<input type="checkbox"/> Week x _____ wks <input type="checkbox"/> Days x _____ days	_____
Early Drop off	<input type="checkbox"/> Week x _____ wks <input type="checkbox"/> Days x _____ days	_____
Late Pick up	<input type="checkbox"/> Week x _____ wks <input type="checkbox"/> Days x _____ days	_____
<input type="checkbox"/> Multiple Week (at least 5wks) Discount	-5%	- _____
<input type="checkbox"/> Up Front Discount (at time of registration)	-5%	- _____
<input type="checkbox"/> Sibling Discount	-5%	- _____
		Total

_____	_____	_____	= _____
Registration	Camp Fee	Additions & Discounts	Total Due

Registration fee at the time of enrollment. I understand that payments for each camp are due in full the Monday before camp week and that if needed I must provide written cancellation notice via email to jkendall@genesishealthclubs.com at least 15 days prior. I will be charged \$30 cancellation fee per child. Cancellations made within 15 days are non-refundable.

_____	_____
Signature	Date

Please email your completed Registration Form to Jesi Kendall at jkendall@genesishealthclubs.com