

2021 BLAST! SUMMER CAMP REGISTRATION FORM

Today's Date _____

Child's Name _____ DOB ____ / ____ / ____

Parents Name(s) _____ Child is a Member # _____ or Non-Member

Address _____ City _____ Zip _____

Home Number (_____) _____ Contact Number During Camp (_____) _____

E-Mail Address _____ Child's School _____

SELECT A SCHEDULE

June 1- July 30 | 9AM- 4PM

Member - \$180 week

:: Extended care is available from 8-9AM & 4-6:30PM, \$50 per week.

WEEK/DATES	EXTENDED CARE	TOTAL
<input type="checkbox"/> WEEK 1: June 1-4* *4 day week due to Memorial Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$ _____
<input type="checkbox"/> WEEK 2: June 7-11	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$ _____
<input type="checkbox"/> WEEK 3: June 14-18	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$ _____
<input type="checkbox"/> WEEK 4: June 21-25	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$ _____
<input type="checkbox"/> WEEK 5: June 28-July 2	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$ _____
<input type="checkbox"/> WEEK 6: July 5-9	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$ _____
<input type="checkbox"/> WEEK 7: July 12-16	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$ _____
<input type="checkbox"/> WEEK 8: July 19-23	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$ _____
<input type="checkbox"/> WEEK 9: July 26-30	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$ _____

PAYMENT

Transaction Type: _____

Camp must be paid in full each Friday of the preceding week. Late payments are subject to daily drop-in rate, which is an additional \$50. No refunds.

Cash **Club Charge** (Member # _____) **Check** (# _____) Payable to Athletic Club Northeast

Credit Card (Non-Members must have CC# on file and pre-pay for each camp)

Authorizing Signature _____ Date _____

CAMP POLICIES

By signing this agreement (signature on reverse), I hereby accept and acknowledge the following terms & conditions.

HEALTH WARRANTY _____

Participant warrants and represents that he/she has no disability, impairment or ailment preventing him/her from engaging in active or passive exercise that will be detrimental to his/her health, safety or physical condition if he/she does so engage or participate. This representation is made by Participant knowing that management will rely upon same respect to the registration of Participant.

PHOTO RELEASE _____

The undersigned hereby agrees to the photographic or electronic reproduction and use of their image and/or likeness or those of the minor Child/Participant indicated herein taken while participating in the program in marketing and advertising vehicles now and in the infinite future for the Club. The undersigned acknowledges and understands that there will be no compensation or other fees for these uses.

RULES & REGULATIONS _____

Participant hereunder is bound by and shall comply with the rules and regulations, policies and procedures of the Club.

LIABILITY AND WAIVER OF LIABILITY _____

Participant accepts full responsibility for his/her use of any and all apparatus, facility, privilege or service whatsoever, owned and operated by this Club or any activity organized or sponsored by the Club either on or off the Club's premises at his or her own risk and shall hold this Club and its shareholders, directors, officers, employees, representatives and agents harmless from any and all loss, claim, injury, damage or liability sustained or incurred by him/her resulting therefrom.

TAX ISSUES _____

You must save all receipts and program registration forms if you will be deducting the cost of Summer Camp on your taxes. Wellbridge Club management DBA, Athletic Club Northeast is not responsible for creating or maintaining that information.

REFUND POLICY _____

Refunds will be given for cancellations made prior to the start of seasonal camps, minus a \$60 surcharge. Cancellations made after the start of seasonal camps, including but not limited to, prepaid or preselected weeks are non-refundable.

HEALTH INFORMATION _____

All health info must be received before your child's first day of attendance, or they will not be permitted to attend camp.

ILLNESS POLICY _____

Refunds/transfers will not be issued if a child misses any days of camp due to common illness such as the flu, colds, chicken pox, strep throat, etc. If a child cannot attend due to a documented physical condition (a broken bone) a refund may be issued at the director's discretion at no more than a 50% refund.

LICENSING _____

I acknowledge that I have been informed that the Athletic Club Northeast Blast! Camp is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

