

2018 ARKahuna Camp Registration Form



Ages 1-2 years

CHILD'S NAME (and nickname if applicable):		Circle one: Male Female	Camper age:	Camper birthdate:	
Child's T-shirt size: (circle one) 3T YTH X-SM 2-4 YTH SM 6-8 YTH MED 10-12		Children attending this camp must 3-5 years old and completely toilet trained		SHOT RECORDS ATTACHED Campers attending this camp must present a current shot record during registration.	
Child's Street Address		City:	State:	Zip:	
Primary Caregiver Name:	Email:	Relationship	Work phone:	Cell phone:	
Secondary Caregiver Name:	Email:	Relationship	Work phone:	Cell phone:	
Emergency Contact Name:	Email:	Relationship	Work phone:	Cell phone:	
Medical Emergency Information - please check all that apply and write any special instructions needed for our staff to properly care for your child.	Special instructions:	<input type="checkbox"/>	Rescue Inhaler	<input type="checkbox"/>	Diabetic insulin
		<input type="checkbox"/>	Epi-Pen/Epinephrine	<input type="checkbox"/>	Antihistamine
\$39 REGISTRATION FEE PAYMENT ATTACHED - (Includes camper shirt and supplies)		<input type="checkbox"/>	FAC Junior Member	<input type="checkbox"/>	Non Member

Check the camp weeks you will be attending. The first week of camp that your child will attend must be paid in full. All other weeks may be reserved by placing a \$20 deposit on the week to hold your spot. Please note that during holiday weeks the 3 days rate will not be prorated.

Week #	Dates:	Deposit Amount	Member Rate	Non-Member rate
Week 1	May 29 - June 1, 2018 (closed on Memorial Day, Monday, May 28, 2018)	Week 1 or your first week of camp must be paid in full	FULL TIME - 5 DAYS Member Rate: \$111 CHOOSE 3 DAYS Member rate: \$119	FULL TIME - 5 DAYS Non-Member Rate: \$119 CHOOSE 3 DAYS Non-Member rate: \$139
Week 2	June 4 - 8, 2018	Deposit: \$20	FULL TIME - 5 DAYS Member Rate: \$139 CHOOSE 3 DAYS Member rate: \$119	FULL TIME - 5 DAYS Non-Member Rate: \$149 CHOOSE 3 DAYS Non-Member rate: \$139
		Deposit: \$20	FULL TIME - 5 DAYS Member Rate: \$139 CHOOSE 3 DAYS Member rate: \$119	FULL TIME - 5 DAYS Non-Member Rate: \$149 CHOOSE 3 DAYS Non-Member rate: \$139
Week 3	June 11-15, 2018	Deposit: \$20	FULL TIME - 5 DAYS Member Rate: \$139 CHOOSE 3 DAYS Member rate: \$119	FULL TIME - 5 DAYS Non-Member Rate: \$149 CHOOSE 3 DAYS Non-Member rate: \$139
		Deposit: \$20	FULL TIME - 5 DAYS Member Rate: \$139 CHOOSE 3 DAYS Member rate: \$119	FULL TIME - 5 DAYS Non-Member Rate: \$149 CHOOSE 3 DAYS Non-Member rate: \$139
Week 4	June 18 - 22, 2018	Deposit: \$20	FULL TIME - 5 DAYS Member Rate: \$139 CHOOSE 3 DAYS Member rate: \$119	FULL TIME - 5 DAYS Non-Member Rate: \$149 CHOOSE 3 DAYS Non-Member rate: \$139
		Deposit: \$20	FULL TIME - 5 DAYS Member Rate: \$139 CHOOSE 3 DAYS Member rate: \$119	FULL TIME - 5 DAYS Non-Member Rate: \$149 CHOOSE 3 DAYS Non-Member rate: \$139
Week 5	June 25 - 29, 2018	Deposit: \$20	FULL TIME - 5 DAYS Member Rate: \$139 CHOOSE 3 DAYS Member rate: \$119	FULL TIME - 5 DAYS Non-Member Rate: \$149 CHOOSE 3 DAYS Non-Member rate: \$139
		Deposit: \$20	FULL TIME - 5 DAYS Member Rate: \$139 CHOOSE 3 DAYS Member rate: \$119	FULL TIME - 5 DAYS Non-Member Rate: \$149 CHOOSE 3 DAYS Non-Member rate: \$139
Week 6	July 2 - 6, 2018 (closed Wednesday, July 4th)	Deposit: \$20	FULL TIME - 5 DAYS Member Rate: \$139 CHOOSE 3 DAYS Member rate: \$119	FULL TIME - 5 DAYS Non-Member Rate: \$149 CHOOSE 3 DAYS Non-Member rate: \$139
		Deposit: \$20	FULL TIME - 5 DAYS Member Rate: \$139 CHOOSE 3 DAYS Member rate: \$119	FULL TIME - 5 DAYS Non-Member Rate: \$149 CHOOSE 3 DAYS Non-Member rate: \$139
Week 7	July 9 -13, 2018	Deposit: \$20	FULL TIME - 5 DAYS Member Rate: \$139 CHOOSE 3 DAYS Member rate: \$119	FULL TIME - 5 DAYS Non-Member Rate: \$149 CHOOSE 3 DAYS Non-Member rate: \$139
		Deposit: \$20	FULL TIME - 5 DAYS Member Rate: \$139 CHOOSE 3 DAYS Member rate: \$119	FULL TIME - 5 DAYS Non-Member Rate: \$149 CHOOSE 3 DAYS Non-Member rate: \$139
Week 8	July 16 - 20, 2018	Deposit: \$20	FULL TIME - 5 DAYS Member Rate: \$139 CHOOSE 3 DAYS Member rate: \$119	FULL TIME - 5 DAYS Non-Member Rate: \$149 CHOOSE 3 DAYS Non-Member rate: \$139
		Deposit: \$20	FULL TIME - 5 DAYS Member Rate: \$139 CHOOSE 3 DAYS Member rate: \$119	FULL TIME - 5 DAYS Non-Member Rate: \$149 CHOOSE 3 DAYS Non-Member rate: \$139
Week 9	July 23-27, 2018	Deposit: \$20	FULL TIME - 5 DAYS Member Rate: \$139 CHOOSE 3 DAYS Member rate: \$119	FULL TIME - 5 DAYS Non-Member Rate: \$149 CHOOSE 3 DAYS Non-Member rate: \$139
		Deposit: \$20	FULL TIME - 5 DAYS Member Rate: \$139 CHOOSE 3 DAYS Member rate: \$119	FULL TIME - 5 DAYS Non-Member Rate: \$149 CHOOSE 3 DAYS Non-Member rate: \$139
Week 10	July 30 - Aug 3, 2018	Deposit: \$20	FULL TIME - 5 DAYS Member Rate: \$139 CHOOSE 3 DAYS Member rate: \$119	FULL TIME - 5 DAYS Non-Member Rate: \$149 CHOOSE 3 DAYS Non-Member rate: \$139
		Deposit: \$20	FULL TIME - 5 DAYS Member Rate: \$139 CHOOSE 3 DAYS Member rate: \$119	FULL TIME - 5 DAYS Non-Member Rate: \$149 CHOOSE 3 DAYS Non-Member rate: \$139
Week 11	August 6-10, 2018	Deposit: \$20	FULL TIME - 5 DAYS Member Rate: \$139 CHOOSE 3 DAYS Member rate: \$119	FULL TIME - 5 DAYS Non-Member Rate: \$149 CHOOSE 3 DAYS Non-Member rate: \$139
		Deposit: \$20	FULL TIME - 5 DAYS Member Rate: \$139 CHOOSE 3 DAYS Member rate: \$119	FULL TIME - 5 DAYS Non-Member Rate: \$149 CHOOSE 3 DAYS Non-Member rate: \$139

Sibling discount for 2nd, 3rd, 4th family members @ \$5 off per week -one discount per child.

Circle all applicable weeks 1 2 3 4 5 6 7 8 9 10 11

METHOD OF PAYMENT:

Name on credit card	Card #	Expiration date:
Name on check	Check amount: \$	Check #
Cash amount paid: \$		
Card on file for weekly balance: Name on card	Card #	Expiration date:
		Card CVV:

Initial I understand that in order to reserve my child's place in camp, I must pay my first week in full and each subsequent week I must place a \$20 deposit to hold my child's reservation in camp. I understand that I must place a credit/debit card on file to draft the balance each week. Deposit's may be transferred to a different week with a 2 week minimum notice. If your camper does not attend the camper week, your deposit will be forfeited.

Initial I understand that the draft will take occur each Wednesday prior to the camp weeks that I have indicated above. The credit/debit card that I have placed on file will be drafted for the upcoming week's balance each Wednesday prior to the start of the camp week. All alternate forms of payment must be provided no later than Tuesday at 6:00 PM for the upcoming week.

Please ensure that your camper is checked in by 8:45 AM daily. Many of our field trips will depart promptly at 9:00 AM.

We are peanut free facility. Please bring a Peanut-Free Lunch, a refillable water bottle, sunscreen, an age appropriate combination lock & swim suit DAILY. Label all of your camper's belongings. Please ensure that your child is dressed appropriately for any weather conditions and for physical activity (Tennis Shoes, comfortable clothes). We will spend a lot of time outdoors. All school age children will be swimming (swim test is required at the beginning of camp). Please apply waterproof sunscreen to your child daily, prior to leaving home. Please leave all electronic devices at home. We are not responsible for lost or stolen items. Your child will also have the option of purchasing snacks at our pool-side snack bar. You may consider giving your child \$1 - \$4 for that option during swim time. We provide zip lock bags at check-in for your child's money and it will be stored in the counselor's back pack or in your child's locker (only if a lock is provided).

I agree to assume full risk and release all claims I and/or the participants may have against the Fayetteville Athletic Club (FAC), The Kids Club Fit Fun FACTory including it's agents, servants and employees, from such claims resulting from injury, damages or loss sustained during participation in any FAC off site parent program or event. I understand that I am responsible for all personal medical insurance and the participant's family must cover any cost incurred. I also understand that every precaution is taken to protect the safety of all participants. I agree to any emergency treatment by a physician or hospital in the event that the emergency contact listed above can not be reached.

Signature of Parent or Guardian:	Date:
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