



**Registration Forms and Parent Handbook  
2020 Summer Kids Club Program  
AGES 5 – 12 YEARS**

**Fayetteville Athletic Club  
Kids Fit Fun FACTory  
2920 East Zion Road  
Fayetteville, Arkansas 72703  
Club Phone: 479 - 587 - 0500  
[www.fayac.com](http://www.fayac.com)**



## **KIDS FIT FUN FACTORY PARENT HANDBOOK**

### **Mission Statement**

On behalf of the Fayetteville Athletic Club (FAC), we would like to welcome you to the Kid's Fit Fun FACTory. Our goal is to nurture the development and growth of healthy children and families. We seek to offer young children a developmentally appropriate curriculum that focuses on each child's unique development while considering the needs and dynamics of the entire group. Experiences and activities will contribute to each child's age appropriate development. We strive to enrich children's lives through fitness concepts, positive social engagement, community service and educational concepts all while preparing them for a happy, healthy future. The following policies and procedures are designed to help your family become more familiar with our program. Please read these guidelines and return the attached forms.

### **Admission Policies**

Kid's Fit Fun FACTory admits children of any race, religion or national origin. To ensure the most supportive setting possible, children with special needs and children with physical handicaps will be considered on an individual basis. Prior to enrollment, parents should meet with the Director and provide the staff with the results of any developmental or educational assessments.

### ***Arrival & Pick-up:***

- Our Super Hog Kids Club operates Monday – Friday throughout the summer, 8:00 AM – 6:00 PM
- Due to COVID-19, curbside drop off and pick up is required for check in/ check out daily.
- Curbside will be staffed from 8:00 – 9:00 AM and 4:00 – 6:00 PM. If you are dropping off or picking up outside these times, you must stop at the Kids FACTory desk to sign your child in or out. Please note: we do not permit parents to pick children up from field trip locations
- Upon arrival and pick up, counselors will meet your family at your car. We will have extra designated parking spaces for drop off and pick up, if needed. We ask that parents remain in your car at drop off and pick up. Parents are required to complete a COVID-19 screening form at drop off daily. (sample page is attached at the end of this parent packet). Our staff will take your child's temperature at arrival. Any participants with a temperature of 100.4°F or greater may not attend Super Hogs Kids Club.
- All participants must arrive on time. We ask that all children are dropped off no later than 8:45 AM as many of our field trips require a 9:00 AM departure. Limitations such as transportation or maximum participant limits per day at the field trip location will determine the field trip schedules. If your child arrives late and the transportation for the field trip has departed, we may not be able to place your child in a field trip on an alternate day. For your child's personal happiness, we ask that you please arrive no later than 8:45 AM each day.
- All children must be signed out by a designated parent or guardian each day. Please notify the Director in writing if someone other than a previously authorized adult will be picking up your child. We ask that every adult authorized to pick up a child bring a photo I.D.
- If your child remains at FAC longer than 10 min past their scheduled pick up without prior arrangements a \$5.00 charge followed by a \$25/15min charge will be applied to your credit card on file. If a child remains at FAC for over 1 hour past their scheduled time without notifying the Director, or we are unable to contact the parent or other authorized adult, we are required to notify Social Services. Remember that your child, as well as our staff, worries about you when you are late.

### ***Meals & Snacks:***

- Snacks will be provided by FAC in accordance with USDA and DHS guidelines.
- If your child has allergies to specific foods, we will work with you to provide appropriate snacks

- Your kids will be VERY active during our Super Hogs Kids Club. It's very important to provide a nutritious lunch that includes all food groups. Preschool students are required to have a liquid milk or milk substitute available every day.
- **FAC is a PEANUT FREE FACILITY.** Please double check pre-packaged lunches (Lunchables) for peanut products. Peanut items will be thrown away, and if a replacement item is necessary you will be charged for any item provided by FAC.
- For sanitary purposes, please pack all lunches in an insulated lunch box and a refillable drink container labeled with your child's name.

***Medications and illness:***

- If your child has prescribed medication that must be administered during the hours of their program, please arrange with the Program Director prior to the beginning of the Kids Club week. Only non-temporary medications will be administered.
- Medication must be kept in locked box at FAC and taken home at end of each day. Medications will only be accepted if accompanied by doctor detailed instructions, and medication release form signed by parent/guardian.
- Sunscreen is considered a medication. Please apply sunscreen to your child before s/he comes to FAC. If you wish to have sunscreen reapplied to your child, a permission slip must be signed (attached), the aerosol sunscreen must be labeled with child's name. We are outside often, so expect to provide 1 aerosol can per week, per child.
- For the safety of all participants, we require all children to be fever free for at least 24 hours prior to returning to the Kids Club.

***Accidents & Incidents:***

- We classify our communication with parents as an incident or accident. Accidents are considered unintentional events requiring first aid. Incidents may be classified when one child hurts another child or when a child's behavior is in violation of our policy. We will **not** provide the name of any other child(ren) involved in an accident or incident on the form(s) that we ask you to sign.
- If the injury is serious in nature requiring more than basic first aid, we will call emergency medical services.

***Behavior Guidance Policy:***

- Discipline shall be individualized and consistent for each child. It shall be appropriate to the child's level of understanding and directed toward teaching the child acceptable behavior and self-control.
- Physical Punishment SHALL NOT be administered to children, by staff or parents.
- The length of time a child is placed in Time-Out shall not exceed one minute per year of child's age.
- The following methods of behavior guidance are practiced:  
Praise, Clear Guidance, Redirection and Time-Out
- For the well-being and safety of ALL children there will be ZERO tolerance for physical violence or bullying (verbal or physical).
- If a child does not respond to redirection or clear guidance, the child behavior will be documented.
- If the behavior does not improve the parent will be contacted. Then the following procedure will be followed.
  - 1<sup>st</sup>—Written Warning (Incident Form)
  - 2<sup>nd</sup>—Parent/Guardian Conference, Loss of Special Event Privilege
  - 3<sup>rd</sup>—Suspension for up to 1 week to be determined by Director – a refund will not be given if your child is involved in physical violence or if your child uses inappropriate language.
  - 4<sup>th</sup>—Expulsion from FAC Kids Club

Please review this policy with your child. Thank you in advance for supporting our program in ensuring we put the safety and welfare of the children first and foremost.

***Electronics Policy:***

- **ALL FACTORY PROGRAMS ARE ELECTRONICS FREE.** Children are not permitted to have cell phones, iPods, iPads, Tablets, gaming devices, etc. while they are participating. We ask that you leave ALL valuables at home; FAC is not responsible for lost, damaged, or stolen items. There is a “Lost & Found” located in the Kids FACtory, in the main club and near the pool for your convenience in retrieving lost items. These items will be donated/discarded in a timely manner.

***Arkansas Department of Human Services (DHS):***

- FAC’s Super Hog Kids Club, After School, & Jump Start Programs are licensed by DHS, and adhere strictly to all licensing requirements.
- Mandated Reporter—It is a requirement of DHS that any signs of suspected child abuse be reported to the Division of Children and Family Services (DCFS). If an employee suspects any child abuse or neglect, he/she is required to file a report and call the Crimes Against Children Hotline at 1-800-482-5964. The proper authorities will then intervene and investigate. Our licensing also stipulates that any staff member or child enrolled in the licensed program may be subject to an interview by DHS officials.
- All children who enter the program are subject to backpack searches per DHS regulations.
- FAC hires only qualified staff over the age of 18, drivers are required to be 25 or older. We perform background checks on all employees working in licensed programs. Staff members will be certified in CPR and First Aid and must complete 15 hours of professional development annually.

***Super Hog Kids Club Age Groups – Kindergarten through 6<sup>th</sup> grade***

- During the summer, we separate children based on the grade that they will be attending in the fall of the upcoming school year. These teams are designated by color. The number of children that enroll in each age group varies from week to week. Therefore, there is a chance that your child may be placed in a different color group from week to week depending on the total number of children in each age group.

***Field Trips***

Due to COVID-19 we will not offer field trips during the summer of 2020.



**PARTICIPANT NAME:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **GRADE ENTERING FALL 2020:** \_\_\_\_\_



SUMMER 2020 CHILD PERSONAL DATA SHEET

<b>Date of enrollment:</b>	month	day	year	<b>Date of discharge:</b>	month	day	year
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<b>Child's Name:</b>	<b>Date of birth:</b>	month	day	year
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Primary Caregiver Name:	Relationship to child:
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Home Address:	City	State	Zip
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Cell Phone:	Work Phone:	Email:
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Place of employment:	Work hours:
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Secondary Caregiver Name:	Relationship to child:
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Home Address:	City	State	Zip
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Cell Phone:	Work Phone:	Email:
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Place of employment:	Work hours:
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**EMERGENCY CONTACT INFORMATION**

<b>Name of person to call if parents can not be reached</b>	<b>Relationship to the child</b>
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Home Address:	City	State	Zip
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Cell Phone:	Work Phone:	Home Phone:
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<b>Is this person authorized to take the child from FAC? CHECK ONE</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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**LIST ALL OTHER ADULTS WHO ARE AUTHORIZED TO TAKE THE CHILD FROM FAC**

<b>NAME</b>	<b>PHONE #</b>	<b>RELATIONSHIP:</b>
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<b>NAME</b>	<b>PHONE #</b>	<b>RELATIONSHIP:</b>
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<b>NAME</b>	<b>PHONE #</b>	<b>RELATIONSHIP:</b>
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<b>DAYS ATTENDING (CIRCLE): MON TUE WED THU FRI</b>	<b>TIME:</b>
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**MEDICAL INFORMATION**

If child is to receive specific medication while in our program, please fill out attached required form

<b>ALLERGIES:</b>	<b>MEDICATIONS</b>	<b>EPI PEN?</b>
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<b>PHYSICAL OR EMOTIONAL CONCERNS YOUR CHILD MAY HAVE:</b>
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<b>OTHER CONDITIONS OR COMMENTS</b>
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<b>SPECIAL FOOD NEEDS:</b>	<b>PRESCRIBED DIET:</b>
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**NAMES/AGES OF SIBLINGS**

<b>SIBLING NAME</b>	<b>AGE</b>	<b>SIBLING NAME</b>	<b>AGE</b>
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<b>SIBLING NAME</b>	<b>AGE</b>	<b>SIBLING NAME</b>	<b>AGE</b>
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<b>SIBLING NAME</b>	<b>AGE</b>	<b>SIBLING NAME</b>	<b>AGE</b>
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**MEDICAL HISTORY**

<b>NAME</b>	<b>YES</b>	<b>NO</b>	<b>NAME</b>	<b>YES</b>	<b>NO</b>	<b>NAME</b>	<b>YES</b>	<b>NO</b>
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Measels			Mumps			German Measels		
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Chicken Pox			Whooping Cough			Positive TB Test		
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Defective Heart			Sun Sensitivity			Feinting spells		
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Frequent Ear Infection			Frequent Throat Infection			Frequent Colds		
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Diabetes			ADD/ADHD			Temper Tantrums		
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**CONSENT**

Child's Physician or Emergency Treatment Facility:	Phone #
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Street Address	City	State	Zip
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Hospital Emergency Room choice is:
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I, \_\_\_\_\_, mother/father/guardian (circle one) of \_\_\_\_\_, do hereby give my consent to the Director of the Child Care Facility, or his/her representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of emergency when parent/guardian can not be reached. Consent is also given for the Director or his duly appointed representative to transport said child for emergency medical treatment, if the parents cannot be reached.

Signature:	Date:
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<b>CONSENT</b>		
I hereby give ____/do not give ____ the Director of the Child Care Facility or his appointed representative permission to give my child, _____, Acetaminophen. I understand I will be notified if that medication has been administered.		
Signature:	Date:	
<b>CONSENT</b>		
I hereby give ____/do not give ____ written permission for the use of suntan lotions/sunscreen for my child in permitable weather. In accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 1100.1101.17		
Signature of Caregiver:	Date:	
<b>ACKNOWLEDGMENT</b>		
This is a statement of verification that I have been informed that child care licensing/ child maltreatment investigators and/or law enforcement may possibly interview my child for the purpose of determining licensing compliance or for investigative purposes. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 200.201.4		
Signature:	Date:	
<b>ACKNOWLEDGMENT</b>		
This is to acknowledge that I have received and will comply with the rules as stated in the Kids Fit Fun FACtory Parent Handbook.		
Signature:	Date:	
<b>ACKNOWLEDGMENT</b>		
This is a statement of verification that I have been informed of the behavior guidance policy practiced.		
Signature:	Date:	
<b>ACKNOWLEDGMENT</b>		
I, the parent/guardian of this child, understand that I may ask for a conference with the caregiver(s) as needed.		
Signature:	Date:	
<b>ACKNOWLEDGMENT</b>		
I, _____, verify that this form is complete in its entirety and that the parent handbook was given.		
Signature:	Date:	
<b>DISCIPLINE POLICY</b>		
The discipline policy of the Fayetteville Athletic Club Kids Fit Fun FACtory will be that anytime a child's behavior jeopardizes the safety of him/herself, others, or is acting in a disruptive manner the child will be removed from the class or program. The FACtory uses a timeout situation to encourage good behavior. A child who has to take a time out will be taken out of class participation and must sit alone quietly under staff supervision for 1 minute for each year of age. After the second offense another time out will be given. Following a third offense the child is sent home for the remainder of the day. Also, the parents and the child will schedule a conference with the director to discuss the problem. Continuous or more serious behavioral problems may result in termination from the Kids Fit Fun FACtory program.		
I, _____, Parent/Guardian of _____, have read, understand, and agree with the Fayetteville Athletic Club Kids Fit Fun FACtory Discipline Policies.		
Signature:	Date:	
<b>BILLING POLICY</b>		
Kids Fit Fun FACtory programs will not admit a participant without Payment Agreement & Registration forms completed by bill payer and registration fees are paid. Each program may have separate and different fees and policies. Program costs are not affected when children cancel or miss days for which they are registered. No substitutions can be made for missed days. Drop in days are not available and children can only attend camp on days which they are registered and paid for. Payment must be made before child can attend camp. Non-payment by due dates will result in forfeit of campers space in our program. Memberships, private lessons, personal training, and special programs are not included in fees but discounts may apply.		
<b>FAC member discounts are only applicable if the child holds a "Junior Membership"</b> . FAC member discounts are void and additional charges will occur if membership is canceled during the time of camp attendance. The non-member rate will be charged to your account retroactively. Changes or cancellations in any registration must be made in writing to the director. This does not guarantee refund or credit of payments that have been made or cancellation any outstanding balances. A \$25 fee is charged to any returned payments. Any payments made after a returned payment must be in cash or money order form. Failure to comply with payment will result in suspension of the participant. Non-payment after 60 days of billing date may be subject to collection agencies. Fayetteville Athletic Club accepts cash, money order, checks, Visa, Master Card, Discover, American Express. FAC will not accept any temporary checks. Monthly auto draft and FAC club account charge is not available for weekly programs such as camp. For your convenience, a weekly draft may be set up on credit/debit card only. Parents may authorize camp participants to charge accounts for additional luxuries such as water bottles, sports drinks and snacks at the pool side café and/or Cadence Café.		
I agree to abide by the Billing Policy that has been presented to me by the Fayetteville Athletic Club. I hereby acknowledge that all information provided by the undersigned is accurate and that I have read and understand the preceding prior to the signing and agree to all terms outlines above. I understand that the policy may change under the discretion of the billing office and/or Director of the program.		
<b>Name - please print</b>	<b>Signature</b>	<b>Date</b>
<b>Fayetteville Athletic Club Kid's Fit Fun FACtory Waiver Release Statement</b>		
No child will be admitted into any FAC program if this form is not signed by a parent/legal guardian. By signing this form, you are releasing all claims for injury you or the participant might sustain through any of our programs. I agree to assume full risk and to waive, relinquish, and release all claims I and or the participant may have against, indemnify, hold harmless, and defend the Fayetteville Athletic Club. This release includes as well FAC officers, agents, servants, and employees from such claims resulting from injury, damages, or loss sustained on account of participation in this FAC program or event. I understand that I am responsible for all personal insurance and the participant's family must cover any medical costs incurred. I also understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that I or the emergency contact listed cannot be		
<b>Name - please print</b>	<b>Signature</b>	<b>Date</b>

**PHOTOGRAPHY DISCLAIMER AND RELEASE FORM (MINOR CHILD)**

We will be taking pictures throughout the year to catch the overall action and adventure of our Kids FACtory programs. Whenever possible, we will make these images available to the parents/guardians. Please read and sign the following release form for your child(ren)

- 1. For good and valuable consideration received to my satisfaction, including but not limited to the ability of my minor child to appear in one or more videos or pictures to be displayed on the [www.fayac.com](http://www.fayac.com) website (the "Website") in furtherance of one or more projects in which he or she is participating (each a "Project"), I hereby grant, on behalf of myself and my minor child, to **Fayetteville Athletic Club**, 2920 East Zion Road, Fayetteville, AR 72703 (the "FAC"), and their respective officers, directors, agents, employees, licensees, successors and assigns the following: (a) The right to use my minor child's picture, likeness, images and other visual or audio reproductions by film, photograph or otherwise (collectively referred to as the "Images and Reproductions") in connection with any videos or photographs to be posted on the Website in connection with any Project. (b) All rights of every nature whatsoever in connection with use of the Images and Reproductions in the Project including without limitation all copyrights therein, and the exclusive right to reproduce, exhibit, distribute, and otherwise exploit the Images and Reproductions in whole or in part, in perpetuity throughout the world in any and all media, whether now known or hereafter devised, in connection with, the marketing, publicity and promotion of FAC, the Website or any of the Projects. In this respect, I agree that FAC may edit, alter, reproduce or otherwise change the Images and Reproductions for any such purpose. I acknowledge that my minor child and I shall have no ownership, authorship or moral rights in the Images and Reproductions or any part thereof. I hereby waive any and all rights to inspect or approve the use of the Images and Reproductions for any reason.
- 2. On behalf of myself and my minor child, I hereby release FAC and their respective officers, directors, agents, employees, licensees, successors and assigns from any and all claims, losses, damages or liabilities of any kind, which my minor child and I, or any of our heirs, representatives, successors and assigns, may now, or at any time in the future, have or claim to have arising out of or relating to the filming, recording, broadcasting, distribution, exhibition, advertising, or other exploitation of the Images and Reproductions, including but not including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity or copyright. In this respect, I hereby waive any privacy rights, publicity rights or rights to compensation that I or my minor child may have in connection with the Images and Reproductions.
- 3. I understand that the consideration received by me pursuant to this disclaimer and release constitutes the full and final consideration for all uses and re-uses of the Images and Reproductions in accordance with its terms.
- 4. I represent that I am eighteen years of age or older and have read and fully understood the terms hereof.
- 5. This disclaimer and release shall bind me and my minor child's respective heirs and personal representatives. FAC shall not be obligated to utilize any of the rights granted hereunder. FAC will have the complete artistic and creative freedom, discretion and control of the Images and Reproductions on its Website. This disclaimer and release constitute the entire understanding with respect to the subject matter hereof and it cannot be amended except by a written instrument signed by the undersigned and FAC.

**Parent or Guardian Signature**

I represent that I am the parent or legal guardian of the minor child whose images and reproductions are the subject of this release and disclaimer. I hereby consent to the use of the Images and reproductions pursuant to the terms herein:

Minor Child Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Date: \_\_\_\_\_ Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Parent Guardian Name (please print) :** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





# Registration Form Ages 5 - 12 years

CHILD'S NAME (and nickname if applicable):			Camper age:
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Circle one: Male Female	Children attending this club must have a birthday prior to May 31, 2015 AND entering into grades Kindergarten through 6th grade	Grade entering in Fall 2020:	Camper birthdate:
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Child's Street Address	City:	State:	Zip:
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Primary Caregiver Name:	Email:	Relationship:	Work phone:	Cell phone:
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Secondary Caregiver Name:	Email:	Relationship:	Work phone:	Cell phone:
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Emergency Contact Name:	Email:	Relationship:	Work phone:	Cell phone:
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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:	Rescue Inhaler	Diabetic insulin
		Epi-Pen/Epinephrine	Antihistamine

\$35 REGISTRATION FEE PAYMENT ATTACHED - (Includes camper shirt and supplies)	FAC Junior Member	Non Member
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**Check the SuperHog Kids Club weeks you will be attending. The first week of the Kids Club that your child will attend must be paid in full. All other weeks may be reserved by placing a \$25 deposit on the week to hold your spot.**

Week #	Dates:		Deposit Amount	Member Rate	Non-Member rate
✓ Week 1	June 1-5, 2020	Week 1 or your first week of the Kids Club must be paid in full	Deposit: \$25	Member Rate: \$159	Non-Member Rate: \$189
Week 2	June 8-12, 2020		Deposit: \$25	Member Rate: \$139	Non-Member Rate \$169
Week 3	June 15-19, 2020		Deposit: \$25	Member Rate: \$139	Non-Member Rate \$169
Week 4	June 22-26, 2020		Deposit: \$25	Member Rate: \$139	Non-Member Rate \$169
Week 5	June 29 - July 2, 2020	Holiday week	Deposit: \$25	Member Rate: \$107	Non-Member Rate: \$131
Week 6	July 6-10, 2020		Deposit: \$25	Member Rate: \$139	Non-Member Rate \$169
Week 7	July 13-17, 2020		Deposit: \$25	Member Rate: \$139	Non-Member Rate \$169
Week 8	July 20-24, 2020		Deposit: \$25	Member Rate: \$139	Non-Member Rate \$169
Week 9	July 26-31, 2020		Deposit: \$25	Member Rate: \$139	Non-Member Rate \$169
Week 10	August 3-7, 2020		Deposit: \$25	Member Rate: \$139	Non-Member Rate \$169
Week 11	August 10-14, 2020		Deposit: \$25	Member Rate: \$139	Non-Member Rate \$169
Week 12	August 17-21, 2020		Deposit: \$25	Member Rate: \$139	Non-Member Rate \$169

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

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

**METHOD OF PAYMENT:**

Name on credit card	Card #	Expiration date:
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Name on check	Check amount: \$	Check #	Cash amount paid: \$
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Card on file for weekly balance: Name on card	Card #	Expiration date:	Card CVV:
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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 \$25 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.

I understand that my child will be attending the field trips listed above and will be transported by the FAC bus and/or vans. I grant the Fayetteville Athletic Club team permission to transport my child to/from these locations. I also understand that I may NOT pick up my child from the field trip location(s).

I understand that my child will be swim tested at the start of camp. All swimmers will be issued color coded wristbands that indicate them as a swimmer or non-swimmer.

Signature of Parent or Guardian:	Date:
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