

Week	Mon	Tues	Wed	Thurs	Fri	Full Week
1	6/19 Pre:___ Post:___	6/20 Pre:___ Post:___	6/21 Pre:___ Post:___	6/22 Pre:___ Post:___	6/23 Pre:___ Post:___	
2	6/26 Pre:___ Post:___	6/27 Pre:___ Post:___	6/28 Pre:___ Post:___	6/29 Pre:___ Post:___	6/30 Pre:___ Post:___	
3	7/3 Pre:___ Post:___	7/4 NO CAMP	7/5 Pre:___ Post:___	7/6 Pre:___ Post:___	7/7 Pre:___ Post:___	
4	7/10 Pre:___ Post:___	7/11 Pre:___ Post:___	7/12 Pre:___ Post:___	7/13 Pre:___ Post:___	7/14 Pre:___ Post:___	
5	7/17 Pre:___ Post:___	7/18 Pre:___ Post:___	7/19 Pre:___ Post:___	7/20 Pre:___ Post:___	7/21 Pre:___ Post:___	
6	7/24 Pre:___ Post:___	7/25 Pre:___ Post:___	7/26 Pre:___ Post:___	7/27 Pre:___ Post:___	7/28 Pre:___ Post:___	
7	7/31 Pre:___ Post:___	8/1 Pre:___ Post:___	8/2 Pre:___ Post:___	8/3 Pre:___ Post:___	8/4 Pre:___ Post:___	
8	8/7 Pre:___ Post:___	8/8 Pre:___ Post:___	8/9 Pre:___ Post:___	8/10 Pre:___ Post:___	8/11 Pre:___ Post:___	
9	8/14 Pre:___ Post:___	8/15 Pre:___ Post:___	8/16 Pre:___ Post:___	8/17 Pre:___ Post:___	8/18 Pre:___ Post:___	
10	8/21 Pre:___ Post:___	8/22 Pre:___ Post:___	8/23 Pre:___ Post:___	8/24 Pre:___ Post:___	8/25 Pre:___ Post:___	

Pricing:	Members	Nonmembers
Weekly	\$280	\$350
Daily (min of 2 days/week)	\$65	\$80
Pre-Care (7am-9am)	\$7	\$10
Post-Care (4pm-6pm)	\$7	\$10

CAMP REGISTRATION FORM

Please complete the separate information form, prior to your child's drop off

Participant's Name: _____ DOB: __/__/____ Age:

Parent/ Guardian Name: _____ Phone: (____) _____ _____
Address: _____ City: _____ State: ____ Zip: _____
E-Mail: _____

There is an inherent risk of injury in the use of or presence in Great Lakes Athletic Club, the use of its equipment and services and participation in its programs, whether such participation occurs at the facility or in supervised or unsupervised activities sponsored or endorsed by GLAC outside the facility. I understand and fully accept this risk for myself or on behalf of my minor child and shall hold this club, its shareholders, directors, officers, employers, representatives and agents harmless from any loss, claim, injury, damage or liability sustained or incurred by me or my minor child resulting there from. In the event of an emergency I give my permission to Great Lakes Athletic Club to secure all necessary and required medical treatment for the above named participant.

Parent's Name: _____ Date: ____/____/____

Parent Signature:

Payment	
On Account: _____	Cash: _____ Check No.: _____
Credit Card: _____ Discover	VISA Master Card American Express
Credit Card No.: _____	
Expiration: _____ CVC: _____	
I hereby authorize Great Lakes Athletic Club to charge the above payment method the Monday prior to my child's camp start date, unless paid in full is selected.	
Amount Due: \$ _____	Signature: _____
<input type="checkbox"/> Pay In Full	

All payments are non-refundable.