

Week	Mon	Tues	Wed	Thurs	Fri	
1	6/17 Pre:___ Post:___	6/18 No fieldtrip Pre:___ Post:___	6/19 Pre:___ Post:___	6/20 No Presenter Pre:___ Post:___	6/21 Pre:___ Post:___	
2	6/24 Pre:___ Post:___	6/25 Pre:___ Post:___	6/26 Pre:___ Post:___	6/27 Pre:___ Post:___	6/28 Pre:___ Post:___	
3	7/1 Pre:___ Post:___	7/2 No field trip Pre:___ Post:___	7/3 Pre:___ Post:___	7/4 No Camp	7/5 Pre:___ Post:___	
4	7/8 Pre:___ Post:___	7/9 Pre:___ Post:___	7/10 Pre:___ Post:___	7/11 Pre:___ Post:___	7/12 Pre:___ Post:___	
5	7/15 Pre:___ Post:___	7/16 Pre:___ Post:___	7/17 Pre:___ Post:___	7/18 Pre:___ Post:___	7/19 Pre:___ Post:___	
6	7/22 Pre:___ Post:___	7/23 Pre:___ Post:___	7/24 Pre:___ Post:___	7/25 Pre:___ Post:___	7/26 Pre:___ Post:___	
7	7/29 Pre:___ Post:___	7/30 Pre:___ Post:___	7/31 Pre:___ Post:___	8/1 Pre:___ Post:___	8/2 Pre:___ Post:___	
8	8/5 Pre:___ Post:___	8/6 Pre:___ Post:___	8/7 Pre:___ Post:___	8/8 Pre:___ Post:___	8/9 Pre:___ Post:___	
9	8/12 Pre:___ Post:___	8/13 Pre:___ Post:___	8/14 Pre:___ Post:___	8/15 Pre:___ Post:___	8/16 Pre:___ Post:___	
10	8/19 Pre:___ Post:___	8/20 Pre:___ Post:___	8/21 Pre:___ Post:___	8/22 Pre:___ Post:___	8/23 Pre:___ Post:___	
11	8/26 Pre:___ Post:___	8/27 No fieldtrip Pre:___ Post:___	8/28 Pre:___ Post:___	8/29 Pre:___ Post:___	8/30 End of the year party Pre:___ Post:___	

***yellow Field Trip Day * Blue Presenter's Day**

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: _____

Are you a Member? YES: ____ NO: ____ If YES, Member Number: ____

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: __/__/20__

Payment

On Account: _____ **Cash:** _____ **Check No.:** _____

Credit Card: _____ VISA Master Card American Express Discover

Credit Card No.: _____

Expiration: _____ V-Code: _____

Amount Due: \$ _____ **Signature:** _____

Date: _____ Receipt No.: _____

Parent Signature: _____

There will be a \$5 administration fee applied to all camp changes after your initial registration.

All payments are non-refundable.