



# SPORTSZONE SUMMER CAMP 2018

## THE ULTIMATE SPORTS EXPERIENCE!!

### Tentative Schedule:

7:30—8:30am Rise & Shine Activities

8:30-9:25am Get-Fit-Kids (AC Gym)

9:30-11:00am Field Sports

11:15-12:15pm Team Sports (YFC Gym)

12:15-1:00pm Lunch (Pizza Fridays!)

1-2pm Swim Lessons (M/F), Martial Arts (T/Th), Tennis (W)

2-3pm Gymnastics (M/W/F), Yoga (T/Th)

3-4:30pm Fun in the Sun: Outdoor Swimming & Snack

4:30-5:30pm Cool Down Activities

Ages 6—12 \$199/week: *Year-round members Save \$15*

309-693-5715 [bmginnes@clubsatrivercity.com](mailto:bmginnes@clubsatrivercity.com)

Camp runs weekly: May 24<sup>th</sup> – August 17<sup>th</sup>

\*daily rate \$60

\$25 non-refundable registration fee due with first week's registration.

# SportsZone/FunZone Summer Camp 2018

May 24th through August 17th

4-6 yr. olds FunZone/6-12 yr. olds SportsZone

## Times/Prices

7:30am – 5:30 pm Monday through Friday (no camp on 5/28 or 7/4)

Price: \$199 per week/members \$184

Daily rate: \$60 per day

\$25.00 non-refundable registration fee due with first week's registration

## Logistics

Campers who turn 6 years old during the summer, or turn 7 years old before summer ends, may be placed in either camp, depending on the needs and the child. Please contact our YFC Director, Bud McGinnes, to discuss the best option for your child.

Drop off and pick up will be in the gymnastic foyer. If drop off is after 8:30, please escort your child to the area where their class is located.

Only parents or authorized individuals will be able to pick up children.

Children will brown bag it except for pizza Friday option. We are a nut free camp- please no nuts!

Parents can register children for camp at the YFC front desk.

Bring swim suit & towel, sunscreen, tennis shoes, extra clothes, healthy lunch, and a water bottle.

Please do not bring toys, video games, make-up, trading cards, cell phones, etc.

Money may only be brought on Fridays. We will let the children go to our outdoor snack bar during fun in the sun hours.

Child name:	Member/Non-member#
Parent Name:	Phone#

Please circle which weeks you will be attending.

### SportsZone Summer Camp 2018 Weekly Registration

Dates	Activity Code	Full Week \$199  \$25 Registration Fee	River City Members \$184  \$25 Registration Fee	RC Gymnastics Team Member \$159  \$25 Registration Fee	Daily \$60 No discount on daily drop in rate  \$25 Registration Fee
Week 1 5/24 & 5/25 TBD	c1172	2 days \$80	\$65	\$62	\$60
Week 2 5/29 – 6/1	c1173	4 days \$160 No camp 5/28	\$148	\$125	\$60
Week 3 6/4 -6/8	c1174	\$199	\$184	\$159	\$60
Week 4 6/11 – 6/15	c1175	\$199	\$184	\$159	\$60
Week 5 6/18 – 6/22	c1176	\$199	\$184	\$159	\$60
Week 6 6/25 – 6/29	c1177	\$199	\$184	\$159	\$60
Week 7 7/2 – 7/6	c1178	4 days \$160 No camp 7/4	\$148	\$125	\$60
Week 8 7/9 – 7/13	c1179	\$199	\$184	\$159	\$60
Week 9 7/16 – 7/20	c1180	\$199	\$184	\$159	\$60
Week 10 7/23 – 7/27	c1181	\$199	\$184	\$159	\$60
Week 11 7/30 – 8/3	c1182	\$199	\$184	\$159	\$60
Week 12 8/6 – 8/10	c1183	\$199	\$184	\$159	\$60
Week 13 8/13 – 8/17	c1171	\$199	\$184	\$159	\$60

# SUMMER CAMP 2018 EMERGENCY INFORMATION

Child's name	Date of Birth	Gender
Parents Email		

## **Contact Information**

Mother/Guardian	Home Phone
Address, City, Zip	Work Phone
	Cell Phone
Place of employment	Alternate Phone

Father/Guardian	Home Phone
Address, City, Zip	Work Phone
	Cell Phone
Place of employment	Alternate Phone

## **Authorized Pick-up and Emergency Contacts**

Name	Relationship
Home	Work Phone

Name	Relationship
Home	Work Phone

## **Medical Information**

Allergies, Medical Conditions, Medications, Etc	
Physician's Name	Phone
Address	
Hospital of Choice	
Insurance Company and Policy #	
<b>In the case of an emergency, I give permission to clubs at River City to obtain or administer medical care for my child.</b>	

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

# SportsZone/FunZone Behavior Contract

1. All words and actions are always to be “G” rated.
2. Hands are to be kept to oneself. There is to be no fighting, tickling, picking up, wrestling, pushing or any other bodily contact.
3. Children are to feel safe while at summer camp. Teasing, taunting, bullying, or harassment of any kind will not be tolerated.
4. Other childrens’ property is to be respected. Theft is not allowed.
5. Staff is to be respected.
6. When out at the pools, all pool rules are to be followed and the lifeguards have the final decision on all safety matters.

If these rules are broken, the following actions will result. If the severity of the offense dictates, the child may be *immediately* removed from the program.

1. Child is given a warning
2. Child will sit out for 5 minutes and be given the opportunity to work out the problem.
3. Child will sit out of the activity for the rest of the class or sit out of the next class depending on the time of the offence.
4. Child will be sent to the YFC Director and will be sent home.
5. If behavior remains a consistent problem, then the child will be removed from the program. No refunds will be issued for any child removed for behavior violations.

I have read through the behavior contract with my child and my child understand that proper behavior is expected to ensure success and safety of the summer camp program.

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Parent’s Signature

Date

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Director’s Signature

Date



# YFC Waiver of Liability

Child's Name: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Email Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

### Activity/Program Participating In:

### Photo Permission:

I give permission for my child's photo to be taken and used within:

<input type="checkbox"/> The Youth Fitness Club <input type="checkbox"/> The Athletic Club <input type="checkbox"/> Athletic Club advertising or website	<input type="checkbox"/> I <b>DO NOT</b> give permission for my child's photo to be taken for any reason.
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### Child's Medical Information:

Allergies: _____ _____ Physical Limitation: _____ _____	Medications: _____ _____ Other: _____ _____
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### Emergency Contact:

1.			
	Name	Phone	Relation to Child
2.			
	Name	Phone	Relation to Child

**Assumption of Risk:** I, the undersigned, understand that activities and programs sponsored by the Clubs at River City involve physical activity, that accidents can occur during those activities and programs, and that participants in this or any physical activity can suffer injury or death. I, ON BEHALF OF THE ABOVE-MENTIONED MINOR AND FOR MYSELF, HEREBY ASSUME THESE RISKS OF PARTICIPATING IN THE ABOVE-MENTIONED ACTIVITY.

**Release and Waiver:** I return for allowing the Minor to participate, I, on behalf of Minor and for myself, hereby waive, release, and discharge the Clubs at River City, its shareholders, directors, officers, employees, representatives, agents, and successors and assigns for any and all loss, claims, injury, damage or liability which may arise while in, upon, or about the premises of the Clubs at River City or as a result of Minor's participation in any YFC activity.

**Medical Treatment:** In the event of an emergency, I authorize the Clubs at River City staff to administer first aid or CPR if needed, or to secure from any licensed hospital, physician, and/or medical personnel or good Samaritan first aid providers, any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I do hereby release and forever discharge the Clubs at River City from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's activities with the Clubs at River City.

**Other:** I give permission for my child to participate in the YFC planned activities. I accept full responsibility for my child's behavior and understand that if my child's behavior is violent or inappropriate that my child may be sent home and I will not receive a refund.

### I have read and fully understand this Waiver of Liability:

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date