



SPORTSZONE SUMMER CAMP 2021

THE FUN HAS JUST BEGUN!

Prices

\$199 per week

\$60 per day

\$25 non-refundable registration fee

Dates

June 1-August 18

Monday –Friday

7:30am-5:30pm

Tentative Schedule

Rise & Shine Activities

Get-Fit-Kids (AC Gym)

Field Sports/Team Sports

Arts & Crafts/Board Games

Lunch (Pizza Fridays!)

Swimming Lessons

Rest & Relaxation

Gymnastics/Yoga/Born to Move

Fun In The Sun: Outdoor Swim & Snacks

Cool Down Activities

General Information

- SportsZone is for children ages **5-12 years old**.
- For questions or to register contact Nick at nick@clubsatrivercity.com or 309-693-5700.
- Drop off and pick up will be in the gymnastics foyer. If drop off is after 8:30am, please escort your child to the area where their class is located.
- Only parents and authorized individuals will be able to pick up children.
- Children will bring their own lunches except for *Pizza Fridays*. We are a **nut-free camp**, please do not send nuts or nut products.
- Bring swimsuit & 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, or any other valuables.
- Children will be divided by age for certain activities.



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

Dates Please circle weeks attending	Activity Code	Full Week \$199 \$25 Registration Fee	Daily \$60 \$25 Registration Fee
Week 1 6/1-6/4	c1172	4 days \$160	\$60
Week 2 6/7-6/11	c1173	\$199	\$60
Week 3 6/14-6/18	c1174	\$199	\$60
Week 4 6/21-6/25	c1175	\$199	\$60
Week 5 6/28-7/2	c1176	\$199	\$60
Week 6 7/5-7/9	c1177	\$199	\$60
Week 7 7/12-7/16	c1178	\$199	\$60
Week 8 7/19-7/23	c1179	\$199	\$60
Week 9 7/26-7/30	c1180	\$199	\$60
Week 10 8/2-8/6	c1181	\$199	\$60
Week 11 8/9-8/13	c1182	\$199	\$60
Week 12 8/16-8/17	c1183	2 days \$80	\$60

Child's name	Date of Birth	Gender
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Parent/Guardian 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
Phone #	Phone #

Name	Relationship
Phone #	Phone #

Medical Information

Allergies / Medical Conditions / Medications / Any Other Important Information	
Physician's Name	Phone
Address	
Hospital of Choice	
Insurance Company and Policy #	
In the case of an emergency, I give The Clubs at River City permission to obtain and/or administer medical care for my child.	

Parent/Guardian Signature

Date

SportsZone 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 children’s property is to be respected. Theft is not allowed.
5. Staff is to be respected.
6. When 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 discuss/work out the problem.
3. Child will sit out of the activity or sit out of the next activity, depending on the time of the offense.
4. Child will be sent to the Kids Club Director and will be sent home.
5. If behavior remains a consistent problem, 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 understands that proper behavior is expected to ensure success and safety of the summer camp program.

Parent/Guardian Signature

Date



Kids Club Waiver of Liability

Child's Name _____

DOB _____ Age _____

Parent/Guardian Name _____

Cell Phone _____

Address _____

Work Phone _____

Email _____

Activity/Program Participating In

SportZone Summer Camp

Photo Permission

I give permission for my child's photo to be taken and used within:
_____ The Kids Club
_____ The Athletic Club
_____ Athletic Club
_____ Advertising or website.
_____ I do not give permission for my child's photo to be take for any reason.

Child's Medical Information

Allergies _____
Medications _____
Physical Limitations _____
Other _____

Emergency Contact

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

Assumption of Risk I, the undersigned understand that activities and programs sponsored by the Clubs at River City, Inc. 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, HEARBY ASSUME THESE RISKS OF PARTICIPATIG 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, Inc., its shareholders, directors, officers, employees, representatives, 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, Inc. or as a result of Minor's participation in any Kids Club activity.

Medical Treatment In the event of an emergency, I authorize the Clubs at River City, Inc. 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 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, Inc. from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the child's activities with the Clubs at River City, Inc.

Other I give permission for my child to participate in the Kids Club 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 _____