

## Camp Pricing Full Day Camp

8:30 am-5:30 pm

For kids ages 5-12 years old

**Daily Camp Rate:** \$50 Members

**Daily Camp Rate:** \$65 Non-Members

**Weekly Camp Rate:** \$150 Members

**Weekly Camp Rate:** \$175 Non-Members

*\*Weekly rate applies to Mon-Fri of same calendar week only.*

## Half Day Camp

9:00am-1:00pm

For kids ages 2.5-5 years old

**Daily Camp Rate:** \$30 Members

**Daily Camp Rate:** \$45 Non-Members

**Weekly Camp Rate:** \$115 Members

**Weekly Camp Rate:** \$130 Non-Members

*\*Weekly rate applies to Mon-Fri of same calendar week only.*

## Discounts!

**20% Discount for siblings**

*\*Must have one child at full rate*

**25% Multi-Day Discount**

Enroll in 2-4 days of same camp week and receive 25% off DAILY RATE

[info@clubfitnessgso.com](mailto:info@clubfitnessgso.com)

## Camp Info

Your children will have tons of fun when school is out!

Our School Holiday Camps are based on the Guilford County School schedule, in coordination with our ClubFitness calendar. We offer day camp on most Teacher Workdays as well as Winter and Spring Breaks.

*On Inclement Weather School Days please call ClubFitness-Oak Branch (336) 478-2660 to confirm camp availability. If we have power & staff we'll have camp!*

### Our Camps are full of fun!

- Organized Games
- Free Play
- Arts-n-Crafts
- Swim Time\* full day only-lifeguard dependent\*
- Socialization
- Exercise
- So much more!

**Simply pack your child's lunch, a bathing suit, and leave the rest to us!**

[www.clubfitnessgso.com](http://www.clubfitnessgso.com)



CLUBFITNESS

## School Holiday Recreation Camps 2019

When School is OUT,  
Camp is IN  
at ClubFitness Oak Branch!



ClubFitness-Oak Branch  
21-A Oak Branch Drive  
Greensboro, NC 27407  
(336) 478-2660

**You may REGISTER FOR CAMP**

*\*in person at drop off, or  
[info@clubfitnessgso.com](mailto:info@clubfitnessgso.com)  
(336)851-1890 ext 1102*



CLUBFITNESS

# 2018-2019 School Holiday Recreation Camp at ClubFitness-Oak Branch

Guardian		Cell #		Other #	
Email Address		Cell #			
Street Address		City		Zip Code	
1st Child		DOB		ALLERGY	
2nd Child		DOB		ALLERGY	
(Circle One)	<b>Child or Guardian ClubFitness Member</b>	<b>Non-Member</b>			

2018 Camp Dates	Theme	Full / Half Day?	Amt Paid	Theme	Full/Half Day?	Amt Paid
Mon Jan 21 2019	MLK Jr Holiday			Inclement Weather		
Mon Jan 28 2019	Teacher Workday			Inclement Weather		
Fri Mar 29 2019	Teacher Workday			Inclement Weather		
Fri April 19 Good Friday	Holiday			Inclement Weather		
Mon Apr 22-Fri Apr 26	Spring Holiday			Inclement Weather		
Mon May 27 2019	<b>NOT AVAILABLE</b>	<b>NOT AVAIL</b>		Inclement Weather		
Inclement Weather				Inclement Weather		

**DAILY RATE: Full Day (8:30am-5:30pm)** \$50 Members/ \$65 Non-Members

**Half Day (9:00am-1:00pm)** \$30 Members/ \$45 Non-Members

**WEEKLY RATE: Full Day (8:30am-5:30pm)** \$150 Members/ \$175 Non-Members

**Half Day (9:00am-1:00pm)** \$115 Members/ \$130 Non-Members

**EARLY DROP OFF (7:30am)** \$5/Day or \$19/Week **HOURLY DROP IN:** \$10 Member or \$15 Non-Mem **\*Weekly Rate applies to Mon-Fri of same calendar week**

1st Child Full price, **SIBLING DISCOUNT! 20% Off** **MULTI-DAY DISCOUNT:** Sign up for 2-4 days/same week **RECEIVE 25% DISCOUNT**

**PAYMENT IN FULL DUE AT TIME OF REGISTRATION. ENROLL AT [info@clubfitnessgso.com](mailto:info@clubfitnessgso.com) or (336) 478-2660 ext 1102**

**Membership Liability Waiver/Permission for Medical Treatment Parent / Guardian Signature:** \_\_\_\_\_

I understand that the use and/or the participation in any activities at ClubFitness may involve the risk of serious injury. I represent that my child is physically able to undertake all physical activities, exercises and sports provided by signing below. I hereby, forever RELEASE, waive and discharge Club Fitness, its affiliates, officers, directors, servants, agents, employees on behalf of myself, my heirs, executors, administrators and personal representatives from any and all claims, demands, injuries, actions, active or passive negligence or other causes or actions arising out of or connected with the use of Club Fitness services or facilities. I authorize Club Fitness employees to take the necessary steps regarding medical attention (i.e. first aid, calling ambulance service or transportation to be admitted to the hospital) and will allow authorized hospital facility/staff to treat my child for any illness or injury.

**Refund & Makeup Policy Parent/Guardian Signature** \_\_\_\_\_

**There are No Refunds or make-ups for missed days of camp.** Cancellation of ClubFitness School Holiday Recreation Camps may only be permitted due to a medical issue. In case of illness, a doctor's note will be required in make up missed day(s) within the current school year based on space availability. Any Inquiries should be directed to Maria Gonzalez, Executive Director ClubFitness.

**Photo Release Waiver: Parent/Guardian Signature** \_\_\_\_\_

I authorize and permit ClubFitness Greensboro to use reproduction pictures of myself and/or my child for advertising, print work, The Club's website or any lawful purpose whatsoever in which I/my child may be included in whole or in part. I hereby irrevocably release and forever discharge the aforementioned parties and all representatives from all and any liability by the taking/or publishing of any photograph or video of me/my child as authorized in this consent form. I warrant that I am of full age and have every right to contract in my own/my child's name and that I am fully familiar with the contents of this authorization & consent. I hereby waive any right to compensation for the stated uses and I acknowledge that I have read and understand the above & agree to the terms of this consent & release.