

STRONG Summer Sports Camps

NAME: _____

GRADE: _____ AGE: _____

PROGRAM FEES
<p>\$100 per week Early Drop-off 7:30 \$20 per week (limited spaces available) *Scholarships Available</p>

SUMMER SPORTS CAMPS		
Indicate the weeks of attendance		
	<input type="checkbox"/> June 26th– June 31st <i>Beach Adventures</i> <i>(Grade 4th-8th)</i>	<input type="checkbox"/> July 3rd– July 7th <i>Pickle Ball</i> <i>(Grade 5th-8th)</i>
<input type="checkbox"/> July 10th– July 14th <i>Zumba</i> <i>(K-2nd)</i>	<input type="checkbox"/> July 17th– July 21st <i>Basketball</i> <i>(Group 1- 3rd-5th, Group 2- 6th-8th)</i>	<input type="checkbox"/> July 24th –July 28th <i>Volleyball</i> <i>(Grade 5th-8th)</i>
<input type="checkbox"/> July 31st- August 4th <i>Traveling Sisters (Hiking)</i> <i>(Grade 6th-8th)</i>	<input type="checkbox"/> August 7th-August 11th <i>Let's Roll</i> <i>(Grade 5th-8th)</i>	
Summer Closures:		

Membership Fee: A non-refundable annual membership fee of \$35.00 is due at time of registration for all programs and is valid from June to June on an annual basis. _____ (initial)

Schedule Change: All schedule changes must be submitted 2 weeks in advance in writing using the form provided in the Girls Inc. office. If your child is excused for an entire week 2 weeks in advance, you will not be billed for that week. If Girls Inc does not receive notice of schedule changes you will be billed for your regular program fee. _____ (initial)

Refunds and Credits: Refunds and credits are not given once the program has started. By signing this admission agreement, you are reserving a space in our program for your child. Girls Incorporated must have the assurance of covering care costs by receiving payment for all reserved spaces even when the child is absent. Parents/Guardians must speak to Program Director to request exceptions to this policy based on emergency situations. _____ (initial)

Parent/Guardian Signature _____ **Date** _____

Inspiring girls to be Strong, Smart, and Bold

For Office Use Only				
Program: _____	Fees: _____	% Given: _____	Scholarship amount: _____	Family Pays: _____
Approval Signature _____				Date _____