

STRONG Summer Sports Camps

9:00am—12:00pm

NAME: _____

GRADE: _____ AGE: _____

PROGRAM FEES

\$100 per week

Early Drop-off 7:30 \$20 per week (limited spaces available)

**Scholarships Available*

SUMMER SPORTS CAMPS

Indicate the weeks of attendance

<input type="checkbox"/> June 24th– June 28th SKATER GIRLZ CLUB 8-12 years old	<input type="checkbox"/> July 1st– July 5th SOCCER 5-7 years old
<input type="checkbox"/> July 8th– July 12th TENNIS 8-12 years old	<input type="checkbox"/> July 15th– July 19th BASKETBALL 5-7 years old
<input type="checkbox"/> July 29th- August 2nd WATER POLO & CONDITIONING 8-12 years old <i>Must be intermediate swimmer-able to swim 50 meters and tread water for 2 minutes. Additional Pool Fee: \$50</i>	<input type="checkbox"/> July 22nd –July 26th GYMNASTICS 8-12 years old
<input type="checkbox"/> August 5th-August 9th Dance 5-7 years old	

Summer Closures:
July 4th

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 _____