

Champions

DAY CAMP at Lakeway Resort and Spa

Information about enrolling for the 2008 sessions.

We're excited your camper(s) are going to join us at Champions Day Camp for the 2008 summer, it's going to be a blast! There's 2 things you need to secure your child's place in a session:

- 1) A completed application
- 2) A deposit for each session your child is attending (this will be applied towards your balance)
 - \$50 for each week-long session
 - \$10 for each weekend session

You can also make your deposit over the phone with a credit card by calling the camp office number below. Each camper must have their own completed application. Please read through all the information on the back of the application, and please make sure the sessions you wish your child to attend is marked clearly on the right side of the application.

This information can be sent to:
Champions Day Camp
101 Lakeway Dr
Lakeway, TX 78734

You will be sent confirmation of your child's enrollment in their sessions, as well as any other information as their session approaches. Full payment of your child's session will be due before they are allowed to attend the first day of camp.

If you have any questions please call or email Faye Sager (Camp Director) at:
512-261-7353
fsager@campchampions.com

Get excited for camp!

Champions

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2008 Camper Application

Camper Information

Name _____ Boy Girl

Name Used _____ Date of Birth ____/____/____

Camper's Grade in 2007/2008 school year _____

Camper's School _____

T-shirt Size: Youth Small Youth Medium Youth Large

Adult Small Adult Medium Adult Large

Family Information

Camper's Home Address: _____
City State Zip

Home Phone: () _____

Child lives with: Mom Dad Both Other: _____

Primary Parent Contact: _____

Relationship to camper: _____

Cell Phone #() _____ Work Phone #() _____

Email Address: _____

Secondary Parent Contact: _____

Relationship to camper: _____

Cell Phone #() _____ Work Phone #() _____

Email Address: _____

Medical Information

** Please attach a copy of child's shot records

Emergency Contact (Other than parents): _____ Phone #: () _____

Emergency Contact (Other than parents): _____ Phone #: () _____

Physician's Name: _____ Phone #: () _____

Insurance Information: Is the camper covered by insurance? Yes No

Carrier/Plan Name: _____ Group #: _____

Allergies: _____

Medications: _____

Medical or Behavior Conditions: _____

Full Week Sessions

- Spring Break March 10-14
- Week 1 June 9 - 13
- Week 2 June 16 - 20
- Week 3 June 23 - 27
- Week 4 June 30 - July 3*
- Week 5 July 7 - 11
- Week 6 July 14 - 18
- Week 7 July 21 - 25
- Week 8 July 28 - Aug 1
- Week 9 Aug 4 - 8
- Week 10 Aug 11 - 15
- Week 11 Aug 18 - 22

Weekend Sessions

- WE 1 June 14 & 15
 - WE 2 June 21 & 22
 - WE 3 June 28 & 29
 - WE 4 July 5 & 6
 - WE 5 July 12 & 13
 - WE 6 July 19 & 20
 - WE 7 July 26 & 27
 - WE 8 Aug 2 & 3
 - WE 9 Aug 9 & 10
 - WE 10 Aug 16 & 17
 - WE 11 Aug 23 & 24
- Saturday**
- 9am - 1pm
 - 1pm - 5pm
 - 5pm - 9pm
- Sunday**
- 9am - 1pm
 - 1pm - 5pm

Authorized persons (other than parents) that may pick up camper:

Name: _____ Phone #s: (h) _____ (c) _____ (w) _____

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Medical Release

I understand that no accident or medical insurance is provided with any activity while my child is at camp. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for my child.

Initial of Parent or Guardian: _____ Date: _____

Potty-Training

All campers must be potty-trained and be able to care for their own personal hygiene before attending camp.

Deposit/Cancellation Information

All sessions require a deposit to secure the camper’s spot in the selected session(s). Deposits will be fully refundable if the camper is cancelled, in writing, prior to two weeks of the session. After that, the deposit will be retained due to costs already incurred due to attendance number expectations. If a camper must cancel due to medical reasons, the deposit will be refunded. A note from a medical professional will be required for cancellation due to medical reasons. Champions Day Camp reserves the right to cancel sessions if enrollment numbers do not meet minimums. If a cancellation is made, parents will be notified at least a week in advance, and all deposits and payments will be returned.

Absence/Withdrawal/Dismissal Policy

Champions Day Camp retains the right to dismiss any camper during their session for conduct that is detrimental in any way to other members of the camp community. Champions Day Camp will make **no refunds due to dismissal for disciplinary reasons**. Champions Day Camp will also make no refunds or tuition deductions for absences or early withdrawal from the program, unless it is due to medical reasons.

Custody Issues

Please inform the camp director of any pertinent custody information you may have. We understand that is can be a sensitive subject, however, it is important for the safety of your child.

Required Approval and Signature

I APPROVE this application and all conditions stated, and hereby certify that my child is of good moral character.

Signature of Parent or Guardian: _____ Date: _____

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