

FAIRBANKS FUN AND FITNESS CAMP



2018
12 WEEKS OF FUN
March 12-16
May 21 - Aug 10



AGES 5*-12

*Child must have attended school in 2017-2018 or have received equivalent homeschooling.

HOURS

Monday - Friday: 8am-4pm
Before/After Care*: 7:30am-5:30pm
*Additional fees for Before/After Care

PRICES

\$179 / Member* / Week
*Child must be a member in order to receive member pricing
\$219 / Nonmember / Week
Before/After Care:
\$30 / Camper / Week

Camp size is limited. To register turn in completed registration to The Alaska Club South by faxing to (907) 456-5961, or sign up by visiting TheAlaskaClub.com/camps



THE ALASKA CLUB

The Alaska Club Fairbanks South - 747 Old Richardson Hwy, Fairbanks, AK 99701
Questions? CALL (907) 365-7393 FAX (907) 456-5961 EMAIL cbeach@thealaskaclub.com

REGISTRATION POLICY

REGISTRATION INFORMATION

Registration forms are available at The Alaska Club Fairbanks South and on our website at thealaskaclub.com.

We require each child to have his/her OWN Registration Packet.

This is to include: Child Registration Form, Registration Schedule, Administrative Form, Parent Sign Off, Medication Waiver & Instructions, Payment Agreement, Child Emergency Information Record, Copy of Birth Certificate and Copy of Current Immunization Records.

PAYMENT INFORMATION

Children themselves must be members of The Alaska Club to be eligible for member prices. Payments are due at the time of registration. If you are a member of The Alaska club, registration fees will be charged to your membership account.

WEEKLY RATES

MEMBER	\$179*
(*Child must be a member)	
NONMEMBER	\$219
BEFORE/AFTER CARE	\$30

CANCELLATIONS

Your payment confirms your camper's place for the weeks you have selected. Therefore, if your payment is not received when due, your camper's registration will be cancelled. Other cancellations will only be considered when received in writing and acknowledged by a camp counselor. A cancellation form is available in the Camp Conference Room. Cancellations must be received no later than Monday the week prior to your reserved camp attendance. **Non-attendance does not designate non-payment.**

You will be charged for your camper's space in camp regardless of attendance unless your cancellation is received by Monday, the week in advance. This policy allows other families who are on waiting lists to be offered unconfirmed spaces and have time to prepare for attendance.

CAMP INFORMATION & REGISTRATION

WHAT SHOULD CHILDREN BRING?

Swimming and water activities take place daily. Please bring your swimsuit every day. Also bring lunch, any special snacks needed in addition to the two provided by The Alaska Club, water bottle, appropriate outdoor wear and a backpack.

Please note: We do have microwaves and will gladly heat your child's lunch from home if needed.

SAMPLE SNACK INCLUDES:

Two light snacks are included in your camp fee and provided by The Alaska Club. However, you are welcome to bring your snacks to suit your child's needs.

- AM: NutriGrain Bar & Juice
- PM: Crackers with Cheese & Juice

WHAT-TO-BRING

- Sack lunch
- Swimsuit
- Water bottle
- Rain gear/appropriate outdoor wear
- Athletic shoes (2 pairs- indoor & outdoor use)
- Full change of clothing (pants, shirt, socks, shoes, underwear)



Listed below are the forms required to enroll your child(ren) in The Alaska Club South Fun & Fitness Camp. If the required forms are not completed by the first day of camp, your child(ren) will be denied admission to camp until the required forms and payment are completed.

- Child Registration Form
- Registration Schedule
- Administrative Form
- Parent Sign Off
- Medication Waiver & Instructions
- Payment Agreement
- Child Emergency Information
- Copy of Birth Certificate
- Copy of Current Immunization records

****(Document must be provided by a health care professional. This may include a school nurse from your child's school.)****

- Payment (will be processed at time of registration)

FAIRBANKS FUN & FITNESS CAMP

MAY 21 – AUGUST 10, 2018

Alaska Club Member # _____

N/M for NONMEMBER

Child's Name: _____

Parent(s)/Guardian(s)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: _____

E mail : _____

The Alaska Club Fun & Fitness Camp
Licensed by
The State of Alaska
Department of Health and Social Services
Child Care Licensing

Questions,
call a Reservation Specialist
at (907)365-7393

WEEKLY REGISTRATION SCHEDULE

Please check all that apply:

I would like my child _____
to attend The Alaska Club Fun & Fitness Camp program on the following dates I have selected below.

Parent/ Guardian Name

Member # (NM for Non Member)

Cancellations MUST be received 7 days prior to your reserved week or full charges will apply.

**For your records and tax purposes,
please retain a copy of your reservation schedule and your payment receipts.**

SCHEDULE		FULL DAY	BEFORE AFTER CARE
Spring Break Camp	March 12 - 16		
Summer Camp Week 1	May 21 - 25		
Week 2	May 29 - June 1 NO CAMP May 28 (Fee Prorated)		
Week 3	June 4 - 8		
Week 4	June 11 - 15		
Week 5	June 18 - 22		
Week 6	June 25 - 29		
---	4th of July week - NO CAMP		
Week 7	July 9-13		
Week 8	July 16-20		
Week 9	July 23-27		
Week 10	July 30 - August 3		
Week 11	August 6 - 10		

ADMINISTRATIVE FORM

(Permission to participate in child care activities and to receive emergency care)

I hereby grant permission for my child _____, to participate in all of the activities and to use all play / sports equipment, provided by The Alaska Club Fun & Fitness Camp program.

I hereby grant permission for my child to be in the Gymnasium, Racquetball Courts, Family Group Fitness Rooms, rock wall Kid Zone, Sports Field, or other areas deemed safe on The Alaska Club facilities.

I hereby grant permission for the Camp administrator, Club managers or camp counselor to take whatever steps may be necessary to obtain emergency care if warranted. The steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the person(s) listed on the emergency card.
3. Attempt to contact the child's physician.
4. If we cannot contact you, or your child's other parent/legal guardian, or your child's physician, we will do any or all of the following:
 - A. Call another physician
 - B. Call an ambulance
5. Any expense incurred under statement number 3 and 4, above, will be taken care of by the child's parent /guardian(s).

The Alaska Club will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

I have read the Parent Policy Manual, and agree to follow all rules and regulations, and guidelines pertaining to fees, refunds, hours, etc. as outlined in the Parent Policy Brochure.

Your signature indicates all rules, regulations, and guidelines have been read and fully understood, and are agreed to.

Parent/Guardian (print name): _____

Parent/Guardian Signature: _____

Date: _____

PARENT SIGN-OFF

Policy Brochure

I have received a copy of the policy brochure of The Alaska Club Fun & Fitness Camp program. I understand that I am responsible for knowing the information included in this brochure. If I have any questions, I will contact the Camp Director at 452-6801 ext.1745.

Payment/Cancellation Procedures

▶ I completed the payment agreement of the registration packet and understand the payment procedures. I also understand that all cancellations must be done in writing and received on the Monday prior to the week reserved.

Photo Release

I hereby authorize The Alaska Club to publish the photographs and videos taken of me and/or the undersigned minor children, and our names, for use in the The Alaska Club's printed publications, website and training purposes.

I release The Alaska Club from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize The Alaska Club to use their photographs, videos and names.

I acknowledge that since participation in publications and websites produced by The Alaska Club is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in any publication and website produced by The Alaska Club confers no rights of ownership whatsoever. I release The Alaska Club, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Initial: _____

Waiver of Claim

It is expressly agreed that the use of The Alaska Club facility shall be undertaken by a member or guest at his/her sole risk. The Alaska Club shall not be held liable for any injuries or any damage to any member or guest, or the property of any member or guest, or be subject to any claim damages whatsoever, on the part of The Alaska Club, its officers or agents. It is also expressly agreed that we, as the parent or legal guardian, will assume full responsibility for any and all injuries which may occur to my dependents while participating in any child care program and that The Alaska Club shall have no liability to the member (nonmember) for such injuries or property damage.

Child's Name: _____

Parent/Guardian (print name): _____

Parent/Guardian Signature: _____

Date: _____

MEDICATION WAIVER & INSTRUCTIONS

(Please do not fill this form out unless you have medication needing to be administered. If no medication is needed, please write N/A and then sign and date)

***Note to Parents**

Alaska Child Care Licensing regulations prohibit the childcare provider from giving any medicine, including vitamins and mineral supplements, to a child unless those medicines are provided by the parent. The childcare provider must have the parent's permission for each individual dose of over-the-counter medication (including aspirin) to be given to the child. Current prescription medicines must be in the original container and labeled with the prescribing physician's name, child's name, dosage and specific period of time that the drug may be administered.

MEDICATION WAIVER & INSTRUCTIONS FORM

Child's Name: _____

I authorize the administration of the following medication:

Type _____ Dosage _____

Time of Day _____

NOTE: _____

Parent Signature _____ Date _____

PAYMENT AGREEMENT

Payment Agreement – Credit Card

Nonmember account MUST have a Credit/Debit Card on file. This card will be charged at time of registration for Camp charges as shown on schedule on page 16 of the Camp Registration Packet.

Parent/Guardian (print name): _____

Automatic Payment from VISA/MC/AMEX

Card # _____ Exp Date _____ CVN# _____

Date: _____ Signature _____

Initials _____ I authorize The Alaska Club Inc to charge my weekly camp dues and/or associated charges to bank account or credit card indicated above. Should I elect to terminate this agreement, The Alaska Club Inc is authorized to collect all funds due prior to cancellation. I understand that all cancellations require a written notice to the Camp Director. All automatic payments will be applied to my account during the week of service.

Payment Agreement Member – Charge to Member Account

Members will be charged at time of registration for current Camp charges as shown on schedule on page 16 of the Camp Registration Packet. All charges will be posted to the Member Account.

Parent/Guardian (print name): _____

Automatic Payment from The Alaska Club membership account

Member Name _____ Member Number _____

Date: _____ Member Signature _____

Initials _____ I authorize The Alaska Club Inc to charge my weekly camp dues and/or associated charges to The Alaska Club membership account above. Should I elect to terminate this agreement, The Alaska Club Inc is authorized to collect all funds due prior to cancellation. I understand that all cancellation require a written notice to the Camp Director.

Payments can be done by credit card or charged to member account. Payments will be processed when the child is registered.

WEEKLY RATES

MEMBER \$179/week

NONMEMBER \$219/week

BEFORE/AFTER CARE ... \$30/week



CHILD EMERGENCY INFORMATION

Items indicated with an * are required by Child Care Licensing regulations 7 AAC 57 and/or Child Care Assistance regulation 7 AAC 41.

CHILD'S INFORMATION

*Child's Name:	Date of Birth:
Siblings Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No Name:	Any Custody Arrangements/Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT(S) OR LEGAL GUARDIAN(S) INFORMATION

*Name:	*Relationship:	Name:	Relationship:
*Cell Phone:	*Home Phone:	Cell Phone:	Home Phone:
Physical Home Address:		Physical Home Address:	
Place of Employment/Other:		Place of Employment/Other:	
*Employment or Other Main Phone:		Employment or Other Main Phone:	

PERSONS AUTHORIZED TO PICK-UP CHILD

List the names and phone numbers of persons who can pick up your child. You must include at least one name and phone number of an individual who can assume responsibility for your child if you cannot be reached immediately in an emergency. Clarify whether these individuals can pick up the child in emergency situations only or at other routine times.

*Name:	*Daytime Phone:	Cell:	<input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Routine
Name:	Daytime Phone:	Cell:	<input type="checkbox"/> Emergency <input type="checkbox"/> Routine
Name:	Daytime Phone:	Cell:	<input type="checkbox"/> Emergency <input type="checkbox"/> Routine
Name:	Daytime Phone:	Cell:	<input type="checkbox"/> Emergency <input type="checkbox"/> Routine

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MEDICAL INFORMATION AND RELEASE FOR MEDICAL CARE

Items indicated with an * are required by Child Care Licensing regulations 7 AAC 57 and/or Child Care Assistance regulation 7 AAC 41.

Child's Name:	Child Care Facility:
* Health Concerns <input type="checkbox"/> My child has NO health concerns, including allergies or medications -OR- <input type="checkbox"/> My child has the following: Medication, medical, or other treatments: _____ Allergies (including foods, drugs, others): _____ Special needs (ex: dietary, health related services): _____	

PREFERRED PHYSICIAN AND MEDICAL FACILITY INFORMATION

*Physician's Name:	Physician's Phone:
*Preferred Hospital:	

I verify the information contained on this record is correct and complete. I hereby give the permission for emergency medical treatment, including emergency transportation to a health care facility, for my child. I understand that every effort will be made to locate me or my child's other parent or legal guardian as soon as possible. I understand my obligation to keep my child care provider informed of my whereabouts. This authorization remains valid until revoked by myself.

* _____
Signature of Parent or Legal Guardian _____
Date Signed

* Information on this Child Emergency Record must be reviewed and updated at least semi-annually and when new information becomes available.				
Date & Initial	Date & Initial	Date & Initial	Date & Initial	Date & Initial

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