

DAC SUN FUN 2020 DAY CAMP

June 15th - August 14th
Let's get ready to have some FUN!

From the moment you enter Davison Athletic Club's **Sun Fun Day Camp**, you can feel why it's the right place for your child. You'll feel secure knowing that your child is having fun, learning, and interacting with other children, all in the hands of qualified counselors. We will provide PEACE of mind for parents in a clean, enthusiastic environment. This year's camp promises to be better than ever.

DAILY RATES

Member 1st Child...\$40

Additional Child...\$34

Non-Member 1st Child...\$50

Additional Child...\$44

SAVE
10%
PAID BY 6/20/20
WEEKLY PIF

WEEKLY RATES

Member

\$160 First Child

\$136 Each Additional

Non-Member

\$200 First Child

\$176 Each Additional

Ages
6yrs - 13yrs
Monday - Friday
Day Camp
7:30am-5:30pm

Extended
Hours

7am-6pm
additional
\$10 per day
per family

Join us by the WEEK or by the DAY



Week 1 June 15th-19th
Week 2 June 22nd-26th
Week 3 June 29th-July 3rd
Week 4 July 6th-10th
Week 5 July 13th-17th
Week 6 July 20th-24th
Week 7 July 27-31st
Week 8 August 3rd-7th
Week 9 August 10th-14th

Davison Athletic Club
810 653-9602
www.DccDAC.com



Dear Parents:

From the moment you enter Davison Athletic Club's **SUN FUN DAY CAMP**, you can feel why it's the right place for your child. You'll feel secure knowing that your child is having fun, learning and interacting with other children, all in the hands of qualified counselors. We will provide PEACE of mind for parents in a clean, enthusiastic environment. This year's camp promises to be better than ever. Let's get ready to have some Fun



PLEASE READ

CAMP PAYMENT: In order for a Camper to attend Camp, payment must be paid prior to the week or the day of use. Payments are to be made at the Front Desk. As a convenience to our members, all daily day camp charges will automatically be charged to a credit card on file. Weekly rate must be paid by the Monday of that week. Days not used by end of camp will not be refunded or credited to a future camp.

CHECK IN: Each Day, children must be checked in at the Front Desk and proceed to Sun Fun Day Camp (located in the Fit-N-Fun Zone) by a Parent/Guardian. For safety reasons children are NOT allowed to be dropped off at front door. Please inform camp staff at check in if someone not on your registration form will be picking up your child.

PICK UP: Inform the Front Desk that you are here to pick up your child. Then go to camp area (Fit-N-Fun Zone) and sign your child out with a staff member on the daily roster.

ITEMS TO BRING DAILY: Please label all items with your child's name.

- Swimsuit & Towel
- A Pair of Socks (required for Captain Sharky's Cove)
- Sack Lunch
- Two Healthy Snacks
- Water Bottle

ATTENTION: An EXTRA FEE will be CHARGED for PRE-CAMP and POST-CAMP HOURS.

Extended Hours are 7:00am to 6:00pm

The charge is \$10 per day/per family

CAMP IS NOT AVAILABLE AFTER 6:00pm

The entire staff is looking forward to an exciting and enjoyable summer ahead. Please feel free to contact me if you have any questions or concerns.

Thank You,

Evan VandePutte

SUN FUN DAY CAMP DIRECTOR

DAVISON ATHLETIC CLUB
2140 FAIRWAY DRIVE
DAVISON, MI 48423
810 653-9602



Registration Form

DAVISON ATHLETIC CLUB
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DAVISON, MI 48423
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CHILD INFORMATION:

Name: _____
Last First Middle

Age: _____ Birth Date: _____ Home Phone: _____

Address: _____
Street City State Zip

General Physical Condition: _____

Medications Needed or Used: _____

Known Allergies (Drug or Food): _____

Helpful information or special circumstances we should know concerning your child:

Family Physician/Pediatrician: _____ Phone: _____

GUARDIAN INFORMATION:

Father's Name: _____ Home Phone: _____
Cell Phone: _____

Home Address: _____
Street City State Zip

Employer: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____
Cell Phone: _____

Home Address: _____
Street City State Zip

Employer: _____ Work Phone: _____

EMERGENCY CONTACT:

1. _____
Contact Name Relationship Phone Number

2. _____
Contact Name Relationship Phone Number



Parent Release Form

AUTHORIZATION FOR PICKING UP CHILD

DAVISON ATHLETIC CLUB
2140 FAIRWAY DRIVE
DAVISON, MI 48423
810 653-9602

My child(ren) _____ may leave Sun Fun Day Camp with the following person or persons.

Name	Relationship	Phone Number
------	--------------	--------------

Name	Relationship	Phone Number
------	--------------	--------------

Name	Relationship	Phone Number
------	--------------	--------------

Name	Relationship	Phone Number
------	--------------	--------------

PLEASE NOTE: Children will NOT be allowed to leave DAC Sun Fun Day Camp with ANY unauthorized person. Identification may be required.

X

Parent or Guardian

Date Signed

Field Trip Form

I understand the nature of the camp activity in which my son/daughter will be participating and that he/she is expected to abide by all Sun Fun Day Camp/Davison Athletic Club regulations during the course of the activity.

I hereby give my permission for him/her to participate in all field trips and activities associated with any and all field trips.

I further agree that, in the event of an accident, illness or any other circumstance requiring medical treatment, such treatment may be procured for my son/daughter without financial obligation to the Sun Fun Day Camp/Davison Athletic Club.

Signature of Parent/Guardian: **X**

Date: _____

AUTHORIZATION TO TREAT A MINOR

The parent/legal guardian further understands the Davison Athletic Club personnel will make reasonable efforts to notify the parent/legal guardian of the child in the case of an accident, sudden illness or other condition, but authorizes Davison Athletic Club personnel to seek such care or treatment, and for any care or treatment to be administered, even in the event that either parent or legal guardian are not contacted prior to the seeking or rendering of such, care, treatment, or other measures.

The parent/legal guardian signing this form releases the Davison Athletic Club and all their personnel from and of any liability for such decisions or actions in seeking medical care, and agrees to pay all costs and fees for medical care or treatment authorized under this Emergency Medical Authorization.

Signature of Parent/Guardian: **X**

Date: _____



Payment Form

DAVISON ATHLETIC CLUB
2140 FAIRWAY DRIVE
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Child's Name: _____

Parent/Legal Guardian: _____

Member/Non Member: _____ Please Circle One: 1st Child 2nd Child 3rd Child

Weekly

Weekly Member
\$160 First Child
\$136 Each Additional
\$50 Pre & Post Camp

Save 10% if PIF by
June 20th, 2020

Camp Weeks

Please check box for weekly registration

- | | |
|--|--|
| <input type="checkbox"/> Week 1 June 15th-19th | <input type="checkbox"/> Week 5 July 13th-17th |
| <input type="checkbox"/> Week 2 June 22nd-26th | <input type="checkbox"/> Week 6 July 20th-24th |
| <input type="checkbox"/> Week 3 June 29th-July 3rd | <input type="checkbox"/> Week 7 July 27th-31st |
| <input type="checkbox"/> Week 4 July 6th-10th | <input type="checkbox"/> Week 8 August 3rd-7th |
| <input type="checkbox"/> Week 9 August 10th-14th | |

Weekly Non-Member
\$200 First Child
\$176 Each Additional
\$50 Pre & Post Camp

Total Weeks: _____ x \$ _____ = \$ _____ Balance Due

Daily

Please circle days on calendar for daily registration

Member Daily:
\$40 1st Child Member
\$34 Each Additional
\$10 Pre & Post Camp

Sun Fun Day Camp Calendar IN ORANGE

Non-Member Daily:
\$50 1st Child Member
\$44 Each Additional
\$10 Pre/Post Camp

JUNE

S	M	T	W	R	F	S
	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JULY

S	M	T	W	R	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

AUGUST

S	M	T	W	R	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	

Total Days: _____ X \$ _____ = \$ _____ Balance Due

I fully understand and agree to the terms of this agreement. I take full responsibility for the payment incurred by me (for my child) during the course of their participation in Sun Fun Day Camp. I understand that I am required to pay the appropriate balance due PRIOR to my child's attendance. I also understand that I am responsible for field trip fees, pre/post camp, lunches, and snacks and that **all days not used by the end of camp will not be refunded or credited toward a future camp.**

Signature of Parents/Guardian: X Date: _____



Release Statement



I, _____ grant Davison Athletic Club, its representatives and employees the right to take photographs of me and my property. I authorize Davison Athletic Club, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Davison Athletic Club may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

Do you agree that you do not expect, or require, any financial remuneration for the reproduction or such photos now or in the future? Check: ____Yes ____No

I have read and understand the above:

Signature

Printed Name

Date

Signature

Parent/Guardian
(if under age 18)

Child's Printed Name
Name

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CREDIT CARD AUTHORIZATION

I hereby authorize Davison Athletic Club to charge my credit card for any charge(s) incurred.

Select one: ____ Visa ____ MasterCard ____ Discover ____ AMEX

Name on Card _____

Account Number _____

Billing Address _____

Expiration Date: _____

Security Code: _____

Zip _____

(3 digit code on the back of the card)

☐ I authorize Davison Athletic Club to charge the credit card on file, for all daily day camp charges existing at the end of each day.

I understand that it is my responsibility to contact the office with updated expiration information for the card on file.

Signature

Date