



GEORGE MASON UNIVERSITY CITY OF MANASSAS PRINCE WILLIAM COUNTY

FREEDOM CENTER 2009 CAMP REGISTRATION and EMERGENCY FORMS

Please Read Before Registering

HOW TO REGISTER

FAX completed registration forms, along with other required paperwork*, to 703-993-8478 (VISA/MasterCard payment only).

MAIL completed forms (see Item #6 below) with payment to: Freedom Aquatic & Fitness Center, 10900 University Drive, MSN 5F6, Manassas, VA 20110.

WALK IN anytime during business hours.

For additional registration information please call 703-993-8513 between 9 a.m.-5 p.m. Monday-Friday.

REGISTRATION POLICIES

1. **Please note that enrollees in Camp Freedom, Recreation in Motion, Journey Camp and Preschool Camp must have copies of a recent physical, immunization records and a birth certificate on file at the Freedom Center in order to participate in these camps.**
2. Confirmation letters will be sent if registration is received 7 days prior to class start date. Please read the confirmation letter(s) carefully and contact us immediately at 703-993-8513 if anything is in error.
3. Camps are subject to cancellation if minimum enrollments are not met 5 days prior to class start date. If a camp is cancelled, participants will be notified and are eligible for a full refund.
4. Registrants for Full Day Camps (8 or more hours/day) may pay in full or submit a \$40 non-refundable and non-transferable deposit per week for each camp ONLY IF they register a current credit card number in our secure database for balance payments. Balance payments will automatically be collected up to 7 days prior to camp start date.
5. Full payments for Partial Day Camps (4 hours/day or less) and Camp Swim Lessons is due at time of registration.
6. **TRANSFER/REFUND POLICIES**
 - Participant-initiated transfers and refunds must be requested at least 7 days prior to the camp session for which the transfer/refund is being requested. We reserve the right to refuse requests for refunds/transfer made after this date.
 - The charge to the customer for ALL approved customer-initiated transfer/refunds is \$40 for EACH full day camp session, \$25 for EACH half and partial day camp sessions, and \$10 per week for camps that are less than one hour/day in duration. Note that this is an administrative fee, charged to all customers regardless of reason for transfer/refund to help cover the costs of transaction processing and lost revenues due to camp spaces left unfilled.
 - If a medical emergency occurs during camp, or within 7 days before the start of camp, a doctor's written verification will be needed to be eligible to receive a refund (pro-rated if camper attended any sessions). We must receive this request within 24 hours of camp absence if the camp has already started.

- Check refunds require 4-6 weeks for processing. The Commonwealth of Virginia requires submission of the payee's Social Security number to issue a check refund. Payments originally paid by check or cash may be refunded on a credit card or posted to the customer's Freedom Center account if the customer chooses to do so. Original check payments require a 30-day waiting period (to allow the check to clear the bank) prior to posting a refund on a credit card or to the customer's Freedom Center account. Note that we do not process a check refunds for amounts less than \$20.00.

QUALIFYING SKILLS

These skills are necessary guidelines for successful program participation. All camp enrollees must meet or exceed these standards with minimal assistance:

- Actively participate in a full 8-hour day (or length of camp day)
- Consistently participate in a 1:12 staffing ratio (1 counselor to 12 children)
- Follow and accept directions and structure as necessary
- Take turns and share in a cooperative manner
- Respect others and their property
- Be able to toilet independently

CAMP SESSION DATES

Jump Start Days – June 18, 19

Week 1- June 22-26

Week 2- June 29-July 2 (No camp July 3)

Week 3- July 6-10

Week 4- July 13-17

Week 5- July 20-24

Week 6- July 27-31

Week 7- August 3-7

Week 8- August 10-14

Week 9- August 17-21

Week 10 August 24-28

CAMP SWIM LESSONS

AM Swim Lessons – One-week sessions, Weeks 1-10, 7:45-8:15 am

PM Swim Lessons – One-week sessions, Weeks 1-8, 4:30-5:00 pm

Monday through Thursday for beginning and intermediate swimmers. Camp Swim Lessons are for Full Day Campers only; **AM campers must be enrolled in Camp Freedom, Recreation with Motion, Basketball, or Football Camp in order to participate.** Camp staff accompany children to and from camp each day.

FREEDOM CENTER 2009 CAMP EMERGENCY INFORMATION FORM

Please be sure to fill in ALL information to help us ensure your child's safety and to guarantee that your registration will be processed in a timely manner.
Camp applicants will not be enrolled until a complete form is on file.

CAMPER NAME: (one form per camper) – please print clearly

Last _____ First _____ MI _____ Male/Female (Circle one)

Mailing Address _____ / _____ / _____ / _____
Street City State Zip

Home Phone _____ Phone #2 _____ Date of Birth _____

Allergies, Special Needs/Accommodations, Medications taken regularly*:

***All medication requires a parent release. If medication is required at camp for more than one week a physician's note is required. (This applies to campers who are registered for more than one consecutive week).**

PRIMARY PARENT/GUARDIAN NAME: (Paying adult)

Mr/Ms/Miss/Mrs Last _____ First _____ MI _____ Date of Birth _____

Mailing Address _____ / _____ / _____ / _____
If different than above Street City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____

Relationship to Camper _____ E-Mail _____

Employer _____

Address _____

SECOND PARENT/GUARDIAN NAME:

Mr/Ms/Miss/Mrs Last _____ First _____ MI _____ Date of Birth _____

Mailing Address _____ / _____ / _____ / _____
If different than above Street City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____

Relationship to Camper _____ E-Mail _____

Employer _____

Address _____

PHYSICIAN NAME: _____ Phone _____

Address _____ / _____ / _____ / _____
Street City State Zip

EMERGENCY CONTACTS: ALL FIELDS MUST BE COMPLETED – please print clearly

Emergency Contact 1 (NOT a parent) _____ Phone _____

Address _____

City _____ State _____ Zip _____ Relationship to Camper _____

Emergency Contact 2 (NOT a parent) _____ Phone _____

Address _____

City _____ State _____ Zip _____ Relationship to Camper _____

DISMISSAL AUTHORIZATION: Everyday at dismissal time the Parent/Guardian or Authorized Alternate picking the child up MUST SIGN THEM OUT. No child will be permitted to leave camp with persons other than those listed below.

Parent/Guardian (1) _____

Parent/Guardian (2) _____

Alternate (1) _____

Alternate (2) _____

Alternate (3) _____

FIELD TRIP PERMISSION: Circle one - YES NO

My child has permission to participate and be transported to Freedom Aquatic & Fitness Center field trips.

SWIMMING RELEASE: Circle one - YES NO

My child has permission to swim during the camp program.

VIDEO/PHOTO AUTHORIZATION: Circle one - YES NO

I give permission for the Freedom Aquatic & Fitness Center to include my child in program photographs and videos. I understand that these become the property of the Freedom Aquatic & Fitness Center.

CAMP MANUAL: Circle one - YES NO

All parents/guardians are responsible for obtaining and reading the appropriate camp manual(s). Copies of camp manuals are available on the "Camps" page at www.freedom-center.com or at the Freedom Center sales desk. I hereby agree to read and abide by the policies and procedures stated in the manual.

PARTICIPATION AGREEMENT: The Freedom Aquatic & Fitness Center assumes no liability for injuries or damages arising from the result of participation. Due to the strenuous nature of some activities, the participant is urged to consult his/her physician concerning the ability to participate. All activities present inherent risks and hazards, which the participant assumes. I hereby approve my child's participation in this recreational program.

EMERGENCY AUTHORIZATION: The Freedom Aquatic & Fitness Center has my permission, in an emergency, to call 911, and/or send my child to a Hospital/Urgent Care Facility, and the Medical Personnel have my authorization to provide treatment that a physician deems necessary for the well being of my child. The Freedom Aquatic & Fitness Center will make every reasonable attempt to contact the Parent/Guardian/Emergency contacts.

SPECIAL REQUESTS OR OTHER IMPORTANT INFORMATION*:

*Please note that we cannot guarantee all requests.

HOW DID YOU HEAR ABOUT OUR CAMPS? (circle one or more)

Website Brochure Leisure Magazine Discover Magazine Ad Bull Run Observer Ad Other _____

When planning for Summer Camp 2009, how satisfied were you with the new online Camp Catalog?

Extremely satisfied 5 4 3 2 1 Extremely unsatisfied N/A – Did not use

PARENT/GUARDIAN NAME: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____

Freedom Camp Registration Form 2009



GEORGE MASON UNIVERSITY CITY OF MANASSAS PRINCE WILLIAM COUNTY

CAMPER NAME: _____

PAGE #: _____ of _____
If multiple pages submitted

| Camp Name (please attach additional pages if needed) | Week # (circle one or more) | Camp Fee | # of Wks | Total Amount Due | Amount Paid | Balance Due* |
|--|------------------------------------|----------|-------------|------------------|-------------|--------------|
| | 1 2 3 4 5 6 7 8 9 10 | \$ | X__ | \$ | \$ | \$ |
| | 1 2 3 4 5 6 7 8 9 10 | \$ | X__ | \$ | \$ | \$ |
| | 1 2 3 4 5 6 7 8 9 10 | \$ | X__ | \$ | \$ | \$ |
| | 1 2 3 4 5 6 7 8 9 10 | \$ | X__ | \$ | \$ | \$ |
| | 1 2 3 4 5 6 7 8 9 10 | \$ | X__ | \$ | \$ | \$ |
| | 1 2 3 4 5 6 7 8 9 10 | \$ | X__ | \$ | \$ | \$ |
| | 1 2 3 4 5 6 7 8 9 10 | \$ | X__ | \$ | \$ | \$ |
| Jump Start - \$45 per day | 6/18 CF 6/19 CF 6/18 RM 6/19 RM | \$45.00 | X__ days | \$ | \$ | \$ |
| AM Swim Lessons – One-week sessions, Level I-IV, 7:45-8:15 am** | 1 2 3 4 5 6 7 8 9 10 | \$38.00 | X__ | \$ | \$ | |
| PM Swim Lessons – One-week sessions, Level I-IV, 4:30-5:00 pm** | 1 2 3 4 5 6 7 8 | \$38.00 | X__ | \$ | \$ | |
| TOTAL(S) PAID AT REGISTRATION | | | | | | |
| *Balance Due is for Full Day Camps only | | | | | | |
| **Camp Swim Lessons are for Full Day Campers only; AM campers must be enrolled in Camp Freedom, Recreation with Motion, Basketball, or Football Camp in order to participate. | | | | | \$ | \$ |

Please remember submitting this form does not guarantee enrollment.

REGISTRATION POLICIES: I have read, and agree to, the Freedom Camp Registration Policies and Qualifying Skills.

Parent/Guardian Signature _____

| |
|--|
| Amount Paid \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check _____ (check #) Checks payable to Freedom Aquatic & Fitness Center |
| Credit Card Number _____ (Visa or MC only) Exp. Date _____ |
| Signature _____ |
| Note that if you have Balance payments due, you must provide current Master Card or Visa credit/debit card information for Balance Payment purposes. Balance payments will be processed 7 days prior to camp start date. |

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|--|
| For staff use only: Date _____ Time _____ Staff signature _____ Member number _____ |
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Registration (and other required) forms may be mailed to the Freedom Center or faxed to 703-993-8478, ATTN: Program Registration Department.