



6001 Burke Commons Rd  
Burke, VA 22015  
703-250-1299  
[www.burkeclub.com](http://www.burkeclub.com)

# 2010 SPRING BREAK CAMP

**Mar. 29, 30, 31 & Apr. 1 & 2, 2010**

For children 5-13 years old

**Half Day(\$22.00/day):** • AM Camp - 8:00 am – 11:00 am

• PM Camp - 12:00 noon – 3:00 pm

(Afternoon campers need to bring bathing suit)

• **Lunch** (extended care, \$6.00/day) - 11:00 am – 12:00 noon (please bring own lunch)

• **Full Day Camp(\$50.00/day)** - 8:00 am – 3:00 pm

(Full day campers need to bring own lunch and bathing suit)

• **Extended Care(\$6.00/day)** - 3:00 pm – 4:00 pm

\$10.00 off full week registration

AM Camp includes the rock wall, xergym and racquetball court.

PM Camp includes the rock wall, xergym and the pool.

Full Day Camp includes the rock wall, xergym, games and the pool. (please bring own lunch)

**AT LEAST 5 CAMPERS NEEDED TO RUN A SESSION**

Please wear tennis shoes and comfortable clothing.

Bring own lunch or snack for campers staying during 11-12 lunch hour.

Bring Swim suit and towel/goggles for PM and Full Day Camps

## **IMPORTANT:**

Registration forms and Parental Agreement are available at the front desk.

**Payment is due at the time of registration**

**Deadline to Register: 12:00 pm, Thursday, Mar. 26, 2010,**

# 2010 SPRING BREAK CAMP

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Burke Racquet and Swim Club, 6001 Burke Commons Rd Burke, VA 22015

703-250-1299

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*\$10.00 off full-week registration - (Minimum 5 children per session)*

<b>Please check desired sessions &amp; circle dates</b>				Total
Half Day	AM (8:00-11:00) rw, xg, games	M T W H F	\$22 x _____ days	
	PM (12:00-3:00) rw,xg, games, pool	M T W H F	\$22 x _____ days	
Extended Care	Lunch (11-12) bring own lunch	M T W H F	\$6 x _____ days	
Full Day	8:00 - 3:00 rw,xg,games, pool bring own lunch	M T W H F	\$50 x _____ days	
Extended Care	After Care (3-4)	M T W H F	\$6 x _____ days	
			- Discount	-
			\$10.00 off full-week registration	
			<b>Total</b>	<b>\$</b>

Participant			Age
Parent/Guardian			
E-MAIL			
Home Phone	Cell Phone	Work Phone	
Emergency Name	Emergency Phone		

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Parental Agreement Form on the other side MUST be signed to complete registration\*\***

Business Use: Amount paid _____ Date paid _____ Method of payment _____
This registration form, signed waiver and payment receipt complete _____ Staff init _____

# 2010 SPRING BREAK CAMP PARENTAL AGREEMENTS

## HEALTH AND MEDICAL TREATMENT POLICY

Children who are sick (over 100 temperature, vomiting, diarrhea, or signs of a communicable disease) are not allowed to come to camp. Children who display these symptoms will need to be picked up. Parents will notify BRSC Sports Camp if their child or any household member has come into contact with a communicable disease. BRSC staff will NOT administer medications. Parents are responsible to administer ALL medications to children. Suspected child abuse will be reported for the safety of your child.

## DISCIPLINE POLICY

BRSC attempts to avoid discipline problems by giving campers fun and interesting activities. Occasionally, campers can become disruptive, making the activity difficult for other members of the camp to participate. When disruptive behavior occurs camp director will remove the child from the activity; camper and director will discuss why the child is having difficulty and attempt to solve the problem; finally, camp director will call parents to pick up child.

## POOL SAFETY POLICY

I grant permission for my child to swim. Campers may not enter the pool without an instructor present. No diving, running, pushing, or shoving. Campers may not leave pool area without the instructor's permission. Campers must listen and follow instructions.

## LIABILITY RELEASE

I grant permission of full athletic participation in the summer camp, including permission to swim. In the event of injury, I consent to examination and treatment of my child by a qualified physician and/or hospital emergency room. I understand that neither Burke Racquet and Swim Club, nor anyone connected with BRSC will assume any responsibility for accidents of sickness incurred by my child while at BRSC.

## ADMINISTRATIVE POLICY

- I UNDERSTAND ACTIVATES SCHEDULE IS SUBJECT TO CHANGE WITHOUT NOTICE.
- I AGREE TO ASSUME SOLE RESPONSIBILITY FOR PAYMENT OF ANY AND ALL MEDICAL, DENTAL OR OTHER EXPENSES INCURRED AS A RESULT OF SUCH SICKNESS OR INJURY AND I FULLY COMPREHEND THE INHERENT DANGER IN SPORTING ACTIVITIES. I UNDERSTAND THAT BR&SC RESERVES THE RIGHT TO REMOVE ANY CHILD FROM CAMP FOR ANY REASON.
- REFUNDS WILL ONLY BE GIVEN ON AN INDIVIDUAL BASIS, MINUS A 20% ADMINISTRATIVE FEE.

## ARRIVAL AND DEPARTURE POLICY

- I UNDERSTAND THAT I MUST WALK MY CHILD TO THE SPORTS CAMP DESK IN THE LOBBY AND CHECK MY CHILD IN WITH THE DIRECTOR BEFORE LEAVING EACH MORNING. **NO CAMPERS, REGARDLESS OF MEMBERSHIP STATUS, MAY ARRIVE MORE THAN 10 MINUTES PRIOR TO CAMP START.**
- WHEN YOU RETURN AT THE END OF THE DAY (11:00 A.M. FOR AM/3 P.M. FOR PM HALF DAY AND FULL DAY), PLEASE PULL YOUR CAR INTO THE CIRCLE IN FRONT OF THE CLUB. WE WILL WALK YOUR CHILD OR CHILDREN OUT TO YOUR CAR.
- I UNDERSTAND THAT CAMPERS REMAINING MORE THAN 10 MINUTES AFTER DISMISSAL WILL BE PLACED IN EXTENDED CARE AND CHARGED \$10/HOUR. **ALL AFTERNOON CAMPERS MUST BE PICKED UP BY 4 PM OR A FINE OF \$1/MINUTE WILL BE ASSESSED.**

## CONSENT FOR ROCK CLIMBING

I certify that I am volunteering to participate in the sport climbing gym of Burke Racquet and Swim Club, (BR&SC). I further certify that I am in good health and have no physical or other impediment which would endanger me while participating in the activity. I am not under the influence of drugs or alcohol, which could impair my ability to climb safely. I acknowledge and agree that sport climbing and the use of Burke Racquet and Swim Club climbing wall has inherent risks. I have full knowledge of the nature and extent of all the risks associated with the use of the climbing wall:

**\*Injuries from climbing and belaying can result in paralysis or death**

**\*No safety equipment can guarantee risk free climbing**

**\*Safety equipment is not failure proof; the possible failure of safety equipment is an inherent risk of climbing or belaying**

In consideration of my participation in sport climbing, I agree (on behalf of myself, my heirs, executors, administrators, and assigns) to release, discharge, waive, and relinquish the Burke Racquet and Swim Club (or its officers, agents, employees, and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which arise out of my participation.

Parental Consent: (To be completed and signed by parent/guardian if the applicant is under 18 years of age). I certify that I am the parent or legal guardian of the above participant and that I am entitled to his or her custody and control and I do hereby give permission for the Child to participate in the above activity. I further certify that the Child is in good health and has no physical or other impediment which would endanger him or her while participating in the activity of sport climbing. I realize that by participating in this program, the Child will be exposed to a risk of injury or death. I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I understand the dangers incidental to participating in the program and the need for safety precautions, and I have discussed the dangers of the program and the need for safety precautions with the Child.

*I HEREBY VERIFY THAT THE ABOVE INFORMATION IS CORRECT AND THAT I HAVE READ AND UNDERSTAND ALL OF THIS CONSENT FORM, AND THAT I AGREE TO ALL ITS POLICIES IN ADDITION TO THOSE PRESENTED IN CAMP BROCHURE AND POSTED AT BURKE RACQUET & SWIM CLUB.*

**Parent Signature** (required to process registrations): \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**Date:** \_\_\_\_\_