

SPRING BREAK CAMP



Burke Racquet and Swim Club,
6001 Burke Commons Rd.,
Burke, VA 22015
703-250-1299 www.burkeclub.com

Mon–Mon., Apr. 6-Apr. 10, & April 13, 2020

(5 to 12yrs old, Minimum 8 children per session)

HALF DAY CAMPS	\$48.00/day	AM CAMP 8:00-11:00 am Tennis, rock wall, Exergym and games	PM CAMP 12:00-3:00pm Tennis, swimming, rock wall and games (please bring bathing suit)	
EXTENDED CARE	\$8.00/hr	EARLY AM Drop-off 7:00-8:00 am	LUNCH (for am/pm campers) 11:00-12:00	AFTER CARE 3:00-6:00 pm
FULL DAY CAMP	\$70.00/day	8:00 am – 3:00 pm Tennis, Exergym, games, rock wall & swimming (please bring lunch and bathing suit)		

For children 5 to 12 yrs old

Need at least 8 campers to run a session.

5% discount will be applied to a 2nd child registration.

10% discount for Burke Mom's Group

(No refund for missed camps. Any approved refunds will only be extended with \$25.00 admin charge per child)

Please wear tennis shoes and comfortable clothing.

Bring own lunch or snack for campers staying during 11-12 lunch and extended care hours.

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

IMPORTANT:

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

Payment is due at the time of registration (No refund for missed camps. refunds is extended with \$50.00 admin charge per child)

Deadline to Register: Mon. 3/30/ 20 (no walk-ins will be accepted)

UPCOMING CAMPS AT BRSC

Summer Sports Camp 6/18 - 8/24/2018

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Registration Form

Please check desired sessions & circle dates				Total
Half Day	AM (8:00-11:00 am) rw, xg, games	M, T, W, TH, F, M	\$48 x _____ days	
	PM (12:00-3:00 pm) rw,xg, games, pool	M, T, W, TH, F, M	\$48 x _____ days	
Ext.Care	Early AM (7-8am)	M, T, W, TH, F, M	\$8 x _____ days	
	Lunch (11-12 noon) For half day campers only bring own lunch	M, T, W, TH, F, M	\$8 x _____ days	
Full Day	8:00 - 3:00pm rw,xg,games, pool bring own lunch	M, T, W, TH, F, M	\$70 x _____ days	
Ext.Care	After Care (3 – 6 pm)	M, T, W, TH, F, M	\$8 x _____ hours	
For children 5 to 12 yrs old Need at least 8 campers to run a session. (No refund for missed camps. Any approved refunds is extended with \$25.00/child admin charge)			2 ND Child discount 5% Burke Mom disc: 10%	
			Total Ring up Climb Gym	\$
Participant		DOB	Age	M F
Parent/Guardian				
Email Address				
Home Address				
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 _____

Spring Break Camp

At **Burke Racquet & Swim Club**

BRSC's Spring Break Mini Camp continually demonstrates high level of standards that ensure the most fun and safe care for your child. A list of policies is presented for your information:

HEALTH POLICY

1. 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 AND remain fever-free for 24 hours before returning. Parents will notify BRSC Sports Camp if their child or any household member has come into contact with a communicable disease.
2. BRSC staff will NOT administer medications. Parents are responsible to administer ALL medications to children.
3. 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, counselors will follow a series of steps designed by the camp director:

1. counselor will remind the child of the behavior that is expected;
2. counselor will restate the desired behavior and then remove the child from the activity for a short amount of time to let the child regain control of their behavior (this may include getting a drink of water, sitting out, or taking a time out in the lobby);
3. 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; then
4. camp director will call parents to pick up child.

RELEASE POLICY

1. Children will be released only to parents or individuals listed on the registration form.
2. Parents can add names to this list.
3. Custodial parents have the right to enter center.

POOL SAFETY POLICY

1. Campers may not enter the pool without a counselor present.
2. No diving, running, pushing, or shoving.
3. Campers may not leave pool area without the instructor's permission.
4. Campers must listen and follow all safety instructions.

ROCK WALL SAFETY POLICY

Parents understand that

1. Sport climbing and the use of the climbing wall has inherent risks:
2. Injuries from climbing and belaying can result in paralysis or death.
3. 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 climb or belaying

Emergency Communication Policy: In the event of a widespread emergency, parents should call 703-250-1299 to reach the Director. The Director will also call you using information you have provided on registration form.

I, parent and guardian of _____ have read, understood and agree to the above policy.

I 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 any of the camp activities. 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 child's participation during the above Holiday Camp in all its activities.

PRINT NAME _____ Parent/Guardian

SIGNATURE _____, DATE _____,