

# RECREATION ATL

## Racquetball Swimming Soccer Fitness Center

754 Beaver Ruin Rd, Lilburn, GA 30047 TEL: 770-676-0435 FAX: 770-696-2709 www.RecreationATL.com / INFO@RECREATIONATL.COM

### 2019 Summer Fitness Camp

- Age Limits : 4 to 14
- June 3 to Aug 2, an eight-week program
- 8:00 AM to 6:00 PM, 10- hour day, parents are welcome to drop off or pick up anytime in between
- Morning Half Day Available / \$120.00 a week, 8:00AM to 1:00PM, no lunch, Sibling has \$5.00 discount
- Afternoon Half Day Available / \$80.00 a week, 2:00PM to 5:30PM, no lunch, no sibling discount
- Full Day: \$160.00 a week includes one Lunch and Snack, Sibling has \$10.00 discount
- Additional time charge is \$5.00 per child per 30 minutes increments
- For the whole Summer, \$1,100.00 per child, paid in full in advanced and no refund for absences, Sibling has \$100.00 discount
- For the Summer Morning \$800.00, Afternoon only \$550.00, Sibling has \$50.00 discount
- Before 4/15, \$100.00 discount for FULL DAY WHOLE SUMMER for the first child \*\*\*\*
- Please contact Jason Chan, The Director, for more information at 770-676-0435
- To learn swimming during the camp is only \$50.00 extra for camper per week
- Activity Schedule may be changed due to weather and other factors, The Camp is OFF for the whole week of July 4th
- Prices for less than 5 days a week are available: 3 days- \$120.00, 2 days- \$85.00, 1 day- \$45.00

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00AM - 9:00AM	BASKETBALL	TENNIS	BASKETBALL	TENNIS	BASKETBALL
9:00AM—10:30AM	SOCCER	SOCCER	SOCCER	SOCCER	SOCCER
10:30AM - 11:00AM	SNACK	SNACK	SNACK	SNACK	SNACK
11:00AM—1:00PM	SWIM	SWIM	SWIM	SWIM	SWIM
1:00PM—2:00PM	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
2:00PM—2:30 PM	REST / NAP	REST / NAP	REST / NAP	REST / NAP	REST / NAP
2:30PM—4:00PM	CHESS / PUZZLE	READ / PLAY-DOH	CHESS / PUZZLE	READ / PLAY-DOH	CHESS / PUZZLE
4:00PM—5:30PM	RACQUETBALL	SWIM	RACQUETBALL	SWIM	RACQUETBALL
5:30PM- 6:00PM	DISMISSAL	DISMISSAL	DISMISSAL	DISMISSAL	DISMISSAL

**Note: Children's Safety is always our top priority.** All our staffs will do our best to safe guard your children. Please understand we will also promote fitness throughout the program and therefore the children will have a risk of injury during the activities. All children with a fever are not allowed to join the camp. Parents are required to sign the waiver below, release of liability and assumption of risks.

Child's Name: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ Week Attending: \_\_\_\_\_

Adult's Name: \_\_\_\_\_ Email Address \_\_\_\_\_

Phone # \_\_\_\_\_ Name of adults allowed to pick up your child: \_\_\_\_\_

Able to swim: \_\_\_\_\_ Learn to swim \_\_\_\_\_

Emergency Name & Phone # \_\_\_\_\_ Medical Note: \_\_\_\_\_

**DISCLAIMER:** I hereby release all claims & rights against any and all organizations, sponsors, owners, directors, & employees associated with RECREATION ATL, Skate Along USA ,Focus Designs Group LLC & the Landlord in regard to the participation in the Summer Fitness Camp. I fully understand that I have given up substantial rights by signing below, release of liability and assumption of risks and sign it voluntarily.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_ Method & Amount of Payment: \_\_\_\_\_ Camp Dates \_\_\_\_\_

DATES	TIMES	PAYMENT	DATES	TIMES	PAYMENT