

RECREATION ATL

Racquetball Swimming Tennis Fitness Center

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

2018 Summer Fitness Camp

- Age Limits : 4 to 14
- June 4 to Aug 4, a nine-week program
- 8:00 AM to 6:00 PM, 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
- 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