



LSF



School Days Out Camp

DATES:

Sep: 14
Oct: 3, 7, 10, 12, 17-21
Nov: 3, 4, 9, 11, 21-23, 28
Dec: 14, 19-23, 27-30
Jan: 2-6, 11, 16
Feb: 3, 13-17, 20-24
Mar: 2, 8, 17, 20-24
Apr: 3-7, 10-14, 17-21
May: 10-12

TIMES:

Pre Camp: 7:30 am - 9:00 am
Camp: 9:00 am - 3:00 pm
After Camp: 3:00 pm - 6:00 pm

AGES:

3.5-12 years old
(campers must be potty trained)

DAILY COST:

Member: \$99
Non-Member: \$129

Pre Camp - \$15
After Camp - \$30

Sibling Discount of 10% off

**Registration is required for all camp days and must be submitted 48 hours in advance. A late fee of \$25 will be applied to registrations submitted within 48 hours of the camp day. Full payment is due at time of registration. Camp days are non-refundable.*

TENNIS OPTION:

\$20/hr session for members
\$25/hr session for non-members

(see back for tennis days)

WHAT IS SCHOOL DAYS OUT CAMP?

School Days Out Camp is LSF's September-to-May camp option when school is not in session. We offer a full day of engaging and recreational programming that makes full use of our facility, neighborhood and all-star staff.

WHAT DOES A CAMP DAY LOOK LIKE?

Our full day program runs from 9:00am-3:00pm, with extended options from 7:30am to 6:00pm. The campers will swim in our pool, play sports and theater games, create art projects, visit the local parks, and much more! A fieldtrip is included during most of our week long sessions. Lunch is provided by LSF.

WHO ARE THE STAFF?

Many of our team members are our summer camp counselors. Each of them have at least two years of experience working with children and have completed a rigorous safety training program at LSF (including CPR & First Aid). Our ratio of staff to children is 1:5 for those 6 years and younger and 1:8 for those over 6 years old.

CAN MY CHILD PLAY TENNIS DURING CAMP?

Yes! Tennis is available during all of our full days of our SDOC. We offer a full hour session with a LSF Tennis Pro for an additional fee.

DOES LSF OFFER CAMP ON DAYS THAT SCHOOL IS CANCELLED?

Yes! LSF will offer camp on days that school is closed due to weather cancellation or teacher strikes. The late registration fee of \$25 will be waived on these days due to the nature of the day of camp.

WILL LSF PICK UP CAMPERS FROM ST. JOSAPHAT SCHOOL ON HALF DAYS?

Yes! LSF staff will meet the campers at school upon dismissal. The group will walk back to LSF for the afternoon of programming. Parents will pick up at LSF.

For additional
information contact:

773.770.2422

LPcamp@LakeshoreSF.com

2016-2017 Lakeshore Sport and Fitness School Days Out Camp Registration Form

Please return registration via email to LPcamp@LakeshoreSF.com, fax to 773.348.6379 or drop off at the front desk.

A separate form must be completed for each camper.

Child's Name _____ Birthday _____ Age _____ M/F School _____

Mother / Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

Work Phone _____ Mobile Phone _____ Email Address _____

Father / Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

Work Phone _____ Mobile Phone _____ Email Address _____

Emergency Contact Name _____ Phone _____

Child's Membership Status: Member Guest * Children must be members in order to receive member rates.

Day Options (please check date and "T" for tennis lesson option)

SEP	<input type="radio"/> 14
OCT	<input type="radio"/> 3 <input type="radio"/> T <input type="radio"/> 7 <input type="radio"/> T <input type="radio"/> 10 <input type="radio"/> T <input type="radio"/> 12 <input type="radio"/> T <input type="radio"/> 17 <input type="radio"/> T <input type="radio"/> 18 <input type="radio"/> T <input type="radio"/> 19 <input type="radio"/> T <input type="radio"/> 20 <input type="radio"/> T <input type="radio"/> 21 <input type="radio"/> T
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DEC	<input type="radio"/> 14 <input type="radio"/> 19 <input type="radio"/> T <input type="radio"/> 20 <input type="radio"/> T <input type="radio"/> 21 <input type="radio"/> T <input type="radio"/> 22 <input type="radio"/> T <input type="radio"/> 23 <input type="radio"/> T <input type="radio"/> 27 <input type="radio"/> T <input type="radio"/> 28 <input type="radio"/> T <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> T
JAN	<input type="radio"/> 2 <input type="radio"/> T <input type="radio"/> 3 <input type="radio"/> T <input type="radio"/> 4 <input type="radio"/> T <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> T <input type="radio"/> 11 <input type="radio"/> 16
FEB	<input type="radio"/> 3 <input type="radio"/> 13 <input type="radio"/> T <input type="radio"/> 14 <input type="radio"/> T <input type="radio"/> 15 <input type="radio"/> T <input type="radio"/> 16 <input type="radio"/> T <input type="radio"/> 17 <input type="radio"/> T <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> T <input type="radio"/> 22 <input type="radio"/> T <input type="radio"/> 23 <input type="radio"/> T <input type="radio"/> 24 <input type="radio"/> T
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MAY	<input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> T

Do your kids have any other days off from school? Just let us know, and we can create an additional School Days Out Camp offering.

Payment options / Full payment is due at the time of registration

Payment Method Charge to account Credit card Check

Credit Card _____ Card Number _____ Exp. Date _____

Authorized Signature: _____

Terms and Conditions

I am the Parent or Legal Guardian of the child/children named above and I request that the child/children be admitted to the School Days Off Camp. I understand that as the parent/guardian, my signature is a commitment to make full payment upon registration. I also understand that my payment is non-refundable and refunds are not granted for any absences. I agree to assume full risk and to waive, relinquish, and release all claims against the agents, servants, and employees of Lakeshore SF from any such claims resulting in injury, damages or loss sustained on account of participation in this camp program. I understand that I am responsible for all personal medical insurances and that I must cover all medical costs incurred. I also understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that I or the emergency contact as identified above cannot be reached. Changes to schedule, after payment is received, must be made in writing and delivered to the Camp Director. A minimum of 5 campers must be registered for a day of camp. If less than 5 campers are registered, you will be contacted by the Camp Director 48 hours before the day is cancelled and you will be refunded. If less than 5 campers are registered for tennis, it will be cancelled and refunded.

Parent / Guardian Signature _____ Date _____

Office Notes:

Date / Time Rec'd: _____ Amount Due: _____ PD: _____ DB: _____ Confirm: _____ Guest ID Card Given: _____