

CHAMPIONS

DAY CAMP at Lakeway Resort and Spa

Information about enrolling for the 2010 sessions.

We're excited your camper will be joining us in 2010 for Champions Day Camp Islands of Adventure! It's going to be amazing! This packet includes all the forms necessary for your child to attend camp. To secure your child's spot in a session we need:

- 1) A completed application
- 2) A \$50 deposit for each session your child is attending (this will be applied towards your balance.)

Please make checks out to "Lakeway Resort".

\$50 for each week-long session

The remainder of the forms can be mailed in or brought with on the first day of a camper's term.

You can make your deposit over the phone with a credit card by calling the camp office number below. Each camper must have their own completed application. Please read through all the information on the back of the application, and please make sure the session(s) you wish your child to attend are marked clearly on the right side of the application.

This information can be sent to:

Champions Day Camp

101 Lakeway Dr

Lakeway, TX 78734

You will be sent confirmation of your child's enrollment in their sessions, as well as any other information as their session approaches. Full payment of your child's session will be due 10 days before the start of that session.

If you have any questions please call or email Faye Sager (Camp Director) at:

512-261-7353

fsager@campchampions.com

Get excited for camp!

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DAY CAMP at Lakeway Resort and Spa 2010 Journey Application

Camper Information

Name _____
First Last

Boy Girl

Name Used _____

Date of Birth ____/____/____
Month Day Year

Camper's Grade in 2009/2010 school year _____

Camper's # of years at Champions Day Camp _____

Camper's School _____

T-shirt Size: Youth Small Youth Medium Youth Large

Adult Small Adult Medium Adult Large

Family Information

*please include email addresses, it is our main way to communicate with you.

Camper's Home Address: _____

City State Zip

Home Phone: () _____

Child lives with: Mom Dad Both Other: _____

Primary Parent Contact: _____

Relationship to camper: _____

Cell Phone #() _____ Work Phone #() _____

Email Address: _____

Secondary Parent Contact: _____

Relationship to camper: _____

Cell Phone #() _____ Work Phone #() _____

Email Address: _____

Journey Sessions

- Spring Break March 17th - 19th
- Week 1 June 14th - 18th
- Week 2 June 21st - 25th
- Week 3 June 28th - July 2nd
- Week 4 July 5th - 9th
- Week 5 July 12th - 16th
- Week 6 July 19th - 23rd
- Week 7 July 26th - 30th
- Summer Aug 2nd - 6th & block Aug 9th - 13th
- ½ Week Aug 16th - 18th

Medical Information

** Please attach a copy of camper's immunization records

Emergency Contact (Other than parents): _____ Phone #: () _____

Emergency Contact (Other than parents): _____ Phone #: () _____

Physician's Name: _____ Phone #: () _____

Insurance Information: Is the camper covered by insurance? Yes No

Carrier/Plan Name: _____ Group #: _____

Allergies: None Yes _____

Medications: None Yes _____

Medical or Behavior Conditions: None Yes _____

Authorized persons (other than parents) that may pick up camper:

Name: _____ Contact Phone #s:(_____) _____
Name: _____ Contact Phone #s:(_____) _____
Name: _____ Contact Phone #s:(_____) _____

**If you need to add additional names, please attached them to this application

Where did you hear about Champions Day Camp? _____

Medical Release

I understand that no accident or medical insurance is provided with any activity while my child is at camp. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for my child as well as exchanging medical information with a third-party health care provider.

Initial of Parent or Guardian: _____ Date: _____

Deposit/Cancellation Information

All sessions require a deposit to secure the camper’s spot in the selected session(s). Deposits will be fully refundable if the camper is canceled, **in writing**, prior to two weeks of the start of the session. After that, the deposit will be retained due to costs already incurred due to attendance number expectations. If a camper must cancel due to medical reasons, the deposit will be refunded and the session fees will be prorated. A note from a medical professional will be required for cancellation due to medical reasons.

Champions Day Camp reserves the right to cancel sessions if enrollment numbers do not meet minimum numbers for a session. If a cancellation is made, parents will be notified at least a week in advance, and all deposits and payments will be returned.

Absence/Withdrawal/Dismissal Policy

Champions Day Camp retains the right to dismiss any camper during their session for conduct that is detrimental in any way to other members of the camp community. Champions Day Camp will make **no refunds due to dismissal for disciplinary reasons**. Champions Day Camp will also make no refunds or tuition deductions for absences or early withdrawal from the program, unless it is due to medical reasons.

Custody Issues

Please inform the camp director of any pertinent custody information you may have. We understand that is can be a sensitive subject, however, it is important for the safety of your child.

Required Approval and Signature

I APPROVE this application and all conditions stated, and hereby certify that my child is of good moral character. I agree to pay all tuition fees for the sessions in which my child is enrolled.

Signature of Parent or Guardian: _____ Date: _____

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DAY CAMP at Lakeway Resort and Spa Camper Conduct Agreement

Camp is not like school. While school is considered a right for all children, camp is a privilege. Parents offer their children the privilege of camp. Campers must recognize, before they begin camp, that with the privilege of camp comes certain responsibilities.

Responsibility is one of the “4 Rs” we focus on at Champions Day Camp (Respect, Responsibility, Reasonable Risk, Reaching Out). To create the safe, wholesome environment that allows us to accomplish our goal of helping campers grow into Champions, each camper must accept responsibility for his/her own actions. This experience is a great life lesson.

Go over this agreement carefully with your camper(s). We consider signatures on this statement an acceptance of responsibility— both for each camper to live by these standards at camp, and for each camper and his/her parents to accept the consequences if he/she does not. Understand that if your camper fails to live by these standards, they will be un-enrolled from our program and no refund will be given.

I, _____ (camper’s name), agree to follow the rules of Champions Day Camp and recognize that failure to follow these rules may result in warnings, limitations of camp privileges and possible dismissal from camp.

1. I will not hit, kick, bite or in any way harm another camper or staff.
2. I understand that profanity and vulgarity have no place at camp and will not use it.
3. I will not deface or destroy the property of others or of Champions Day Camp.
4. I will be respectful to myself, to other campers, to the staff of Champions Day Camp, and to anyone else I encounter while at camp.
5. I will be open to trying the new activities offered to me at camp.
6. I understand that unacceptable behavior at camp will result in warnings, loss of privileges and possible dismissal from camp.

Camper’s Signature: _____

Parent’s Signature: _____

Date: _____

Champions Day Camp at Lakeway Resort 2010 WAIVER

To the Parents or Guardians of Campers at Champions Day Camp:

Please read this document carefully and feel free to ask questions about this waiver before you sign.

This document must be signed by a parent or guardian of visitors who are minors or wards before they are allowed to participate in Champions Day Camp. By signing this agreement, certain legal rights are surrendered in the event of an injury or other loss to the visitor. Adult visitors and Parents or Guardians (together, referred to as "Parents") of minor visitors and wards (together, referred to as "minors") sign to reflect their agreement, for themselves and for their minor child or ward, to all the terms of this document.

In consideration of the opportunity to visit Champions Day Camp and have access to its grounds, buildings, facilities, services and/or activities, I, the undersigned adult visitor and/or parent or guardian of a visitor who is a minor or ward hereby acknowledge and agree as follows:

Activities and Risks:

Visitors, depending on the nature of their visit, may be involved in a variety of activities, including, but not limited to, swimming, boating, hiking, field trips off-site, special events, sports and a climbing wall. The environment of Champions Day Camp, including its rugged terrain, waterfront, and natural and man-made structures can cause harm. In addition, there may be other risks involved in the program including, the use of certain Camp facilities and equipment, travel provided to off-site trips, travel in vehicles around property, off-site visits, and the services of Champions Day Camp staff, all of which include the possibility of harm or loss to a visitor.

The risks of a visit to Champions Day Camp, whatever the activities, and whether or not supervised, can cause loss or damage to property, personal injury and, in extraordinary cases, even death. These risks are inherent in a visit to Champions Day Camp, and without them the visit would lose its appeal, value and purpose. Visitors are at Champions Day Camp at their own risk, and except for its gross negligence and intentionally wrongful conduct, Champions Day Camp is not responsible for any loss, which a visitor may suffer while at Champions Day Camp.

Assumption of Risks, Release and Indemnity:

For myself and, if my minor child or ward is a visitor, on behalf of the minor or ward, I agree as follows:

1) I acknowledge and assume all risks of my, or the minor's, visit to Champions Day Camp, whatever the nature of those risks may be, inherent or not and whether or not described above. If a minor child or ward of mine is the visitor, I have discussed the risks with him or her, and he or she understand and accepts them.

2) I release Champions Day Camp, Lakeway Resort, Camp Champions, and BFC LLC II, its owners, officers, directors, staff and contractors (“Release Parties”) from, and agree not to sue them for, any claim which I or the minor may have for injury, death or other loss incurred during or in any way related to my or the minor’s visit to Champions Day Camp.

3) I agree to indemnify (that is, to defend and protect, including by paying liabilities, costs and attorney fees) Release Parties from any and all claims which I, the minor, a member of my or the minor’s family, another visitor or any other person, may have for any injury, death or other loss incurred by or caused by me or the minor, related in any way to my or the minor’s visit to Champions Day Camp. This acknowledgment and assumption of risks and agreements of release and indemnity include losses and claims arising in whole or part from negligence, but not the gross negligence or intentionally wrongful conduct, of a Release Party.

Other:

Any dispute which I or the minor or ward may have with Champions Day Camp or another Release Party will be submitted to mediation, if not otherwise resolved; and any mediation or suit shall occur exclusively in Travis County, Texas, and be governed by the substantive laws (but not the laws which might apply those of another jurisdiction) of the State of Texas. If any part of this agreement is deemed unenforceable by a Court or other appropriate authority, the remainder of the agreement shall remain in force and effect.

Champions Day Camp is hereby authorized to use, without compensation, photographic, including video, images of me, or the child or ward for promotional or other purposes.

Initial please_____

Required Approval and Signature:

By signing this waiver, the Parents or Guardians of minor visitors and wards reflect their agreement, for themselves and for their minor child or ward, to all the terms of this document.

Signature of Parents or Guardians of Minor or Ward

Date

Please print Parent or Guardian’s name

Please print Camper’s name

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DAY CAMP at Lakeway Resort and Spa 2010 Extra Stuff Sheet

Camper's Name: _____

Swimming Level of your child: (Please circle)

Non-swimmer Beginner Intermediate Advanced

Non-swimmer: Camper has no swimming experience and/or is uncomfortable in the water.

Beginner: Camper has some experience in water and can swim very short distances.

Intermediate: The camper can go into water above his/her head and get to a floating position. The camper can then swim 8 yards back to the edge and can exit a pool. The camper is comfortable in the water.

Advanced: The camper can pass all the requirements of an intermediate swimmer. Can swim 75 yards with a front swimming stroke and 25 yards with a back stroke.

Camp Activities: Are there any activities your child should NOT participate in? No Yes

Extended care (\$15/hour/family)

Extended care is available before and after regular camp hours on week-days. Please indicate any days your child will be staying for extended care with an "X". (Other times can be added as needed by calling the camp office.)

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30am - 8:30am					
4:30pm - 5:30pm					
5:30pm - 6:30pm					

Booster seats

The State of Texas now requires that children 8 years old and younger and under 4'9" be placed in a child safety seat while riding in passenger vehicles. For field trips, camp has some booster seats, or we can use your personal one if you prefer. Please indicate your preference with regards to booster seats.

We will bring our booster seat to use

Please use a camp booster seat

Camper is 9yrs or older or above 4'9" and does not need a booster seat