

2019

Spring Break Camp



North Little Rock
Athletic Club

3804 McCain Park Drive | NORTH LITTLE ROCK, AR 72116
501.812.5555 | WWW.NLRAC.COM

play on

Your child's fun and healthy spring break starts here! We unplug - no devices allowed - and connect with each other through nonstop games, sports, arts and crafts, swimming and field trips. We promise a great experience and a great night's sleep but register quickly because spots fill fast.

Dates: March 15 and 18 - 22

Time: 9:00 am - 4:00 pm

Ages: 5 - 12

Extended Care: 7:30 - 9:00 am and 4:00 - 6:00 pm

Weekly

Members - \$135, Non-members - \$145, Extended Care - \$12
Fees include the field trip, swimming, activities, snacks and lunch.

Daily

Members - \$29, Non-members - \$34, Extended Care - \$6

CAMPER INFORMATION

Name: _____ Date of birth: _____ Gender: Male Female
Child is an: NLRAC member Non-member

Child would like to attend on the following days:

Full week plus Friday, March 16 or
 Friday(3/15) Monday(3/18) Tuesday(3/19) Wednesday(3/20) Thursday(3/21) Friday(3/22)

Allergies, medications, special conditions including but not limited to asthma, diabetes, sun sensitivity, seizures or fainting spells (please provide specifics): _____

Will the NLRAC need to dispense medication? (circle one) YES NO

Mother's name: _____ Father's name: _____

Street address: _____ City: _____ State: _____ Zip: _____

Mother's phone: _____ Father's phone: _____

Email: _____

Mother's work hours: _____ Father's work hours: _____

- My child is able to swim by himself/herself and I give him/her permission to do so during camp.
- My child is not able to swim by himself/herself. I request that he/she wear a lifejacket while swimming during camp.
- My child may not participate in swimming activities during camp.

PAYMENT INFORMATION

Person responsible for payment: _____

Responsible party's address: _____ City: _____ State: _____ Zip: _____

Day phone: _____ Evening phone: _____ Email address: _____

Method of Payment (Indicate your choice by completing the appropriate information below):

For security reasons, your payment information will be encrypted by our computer software and this information will be shredded.

NLRAC club account option (for members only/account must be current)

Name of member to be charged: _____

Credit/Debit card option (Visa, MasterCard, Discover, American Express)

Name as shown on card: _____

Credit card number: _____ Expiration date: _____ CCV number: _____

MEDICAL INFORMATION

Person to contact in case of emergency if parents cannot be reached: _____
Phone(s): _____ Relationship to child: _____
Doctor's name: _____ Phone number: _____
Emergency room of choice: _____

PICK-UP AUTHORIZATION

___ My emergency contact is authorized to pick up my child from the NLRAC.

Other adults authorized to pick-up my child from the NLRAC include:

Name	Relationship	Address	City/State/Zip	Phone
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SUNSCREEN

Children should come to camp with sunscreen applied. NLRAC staff members will recoat pre-school age children, if necessary. School age children will be supervised but may apply sunscreen to themselves. Any special instructions relating to sunscreen should be listed under "Camper Information."

SWIMMING

An American Red Cross certified lifeguard is on duty during all camp swimming activities at the NLRAC. To further ensure the safety of all children, we follow a strict staff/child ratio at all times.

TRANSPORTATION

Campers are transported to and from field trips in passenger vans. Children under 6 years of age will be seated in club supplied boosters while in vans.

DISCIPLINE

The NLRAC reserves the right to remove a child from any program or activity if the child's behavior jeopardizes his/her own safety, that of others, or is so disruptive that the enjoyment of other participants is diminished. The NLRAC uses "timeout" to encourage good behavior. A child who must take a timeout will be removed from participation and is required to sit alone quietly for 1 minute for each year of age, i.e., a five year old would incur a 5 minute timeout whereas an eight year old would sit for eight minutes. This policy will be clearly explained to each child at the beginning of camp. Parents will be informed on a daily basis if their child was put in timeout. Continuous behavioral problems may result in removal from camp.

CHARGE DATE

Camp fees will be charged on the Friday before the start of camp.



WAIVER

Release of Liability and Assumption of Risk Agreement - The facilities and activity programs offered under the auspices of the Little Rock Athletic Centers, LLC (LRAC), dba Little Rock Athletic Club, Little Rock Racquet Club, North Little Rock Athletic Club and Downtown Athletic Club, have been designed and established to provide the optimum level of beneficial exercise and enjoyment without compromising the health or safety of the members or guests who utilize the facilities or participate in its on or off-site activities. Because of the nature of these programs and of the equipment utilized, there is an inherent risk of injury. Therefore, any exercise activity places a practical limitation on the ability of LRAC to prevent injuries to participants regardless of the activities of the participant while taking advantage of the opportunities at LRAC. The undersigned acknowledges the individual responsibility to minimize risk by thoughtful and cautious use of the programs, equipment and the facilities of LRAC.

Therefore, in consideration of being allowed to participate in LRAC programs and to utilize equipment and facilities at LRAC, I the undersigned, acknowledge and agree that:

- The risk of injury from the activities involved in LRAC programs, equipment and facilities is significant, including the potential for permanent paralysis and death.
- I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my participation.
- I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest LRAC representative immediately.
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless LRAC, its members, managers, officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (releasees), from any and all claims, demands, losses, and liability arising out of or related to any injury, disability or death I may suffer, or loss or damage to person or property, to the fullest extent permitted by law.

Permission to Use Photography and/or Video - I grant to LRAC and all its subsidiaries the right to take photographs and/or videos of my child. I authorize LRAC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that LRAC may edit and use such photographs and/or videos for any lawful purpose including, for example, such purposes as publicity, illustration, advertising and web content.

MY SIGNATURE CONVEYS

- I authorize the LRAC to draft my program fee;
- I give my consent for my child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in the case of an emergency when a parent or guardian cannot be reached. Consent is also given for an LRAC employee or his/her duly appointed representative to transport my child for emergency medical treatment in said situation;
- I have accurately described my child's swimming ability and clearly indicated my wishes regarding his/her/their participation in water activities;
- I understand and agree to the LRAC's policy on discipline;
- I understand that my child will be transported in passenger vans and agree to provide a booster seat if needed;
- I understand that sunscreen may be applied by LRAC staff members and have indicated my child's special needs as directed;
- I understand that I may ask for a conference with a staff member(s) as needed. I also understand that the Department of Human Services (DHS) can ask me or my child for an interview at any time concerning the facility;
- I have read the Release of Liability and Assumption of Risk Agreement above; fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement;
- I give my permission for the club to contact me via email with club news and programming information;
- I have read the Permission to Use Photography and/or Video Agreement above and give consent for my child to be in video or photographed; and
- This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, to the fullest extent permitted by law.

Child's Name: _____

Parent's/Guardian's Signature: _____ Date: _____