

# DUC SUMMER CARE



# DETAILS

Ages: 5 - 12  
Time: 7:30 am - 6:00 pm  
Place: Down Under Center, Little Rock Athletic Club  
Activities: Games, sports, arts and crafts, recreational swimming, field trips and tennis or basketball lessons

# FEES

Weekly		Daily	
Kid's Club:	\$190	Kid's Club:	\$45
Members:	\$205	Members:	\$48
Non-members:	\$269	Non-members:	\$60
\$50 non-refundable deposit required with registration		\$10 per day non-refundable deposit required with registration	

The fee includes all activities, lunch, and morning and afternoon snacks. Enrollment is limited. Deposits are due at the time of registration and will be deducted from the fee. Weekly camp fees will be charged on Monday of camp.

# CAMPER INFORMATION

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender:  Male  Female  
 Child is an:  LRAC member  LRRRC member  Non-member  
 Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_  
 Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mother's phone: \_\_\_\_\_ Father's phone: \_\_\_\_\_  
 Email (for program updates, if needed): \_\_\_\_\_

# 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: \_\_\_\_\_

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

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

# 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.*

LRAC/LRRRC 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: \_\_\_\_\_

# SWIMMING

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

- 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 life jacket while swimming during camp.
- My child may not participate in swimming activities during camp.

# SUNSCREEN

Children should come to camp with sunscreen applied. LRAC 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 "Medical Information."

# TRANSPORTATION & PICK-UP AUTHORIZATION

Campers are transported to and from field trips in passenger vans. Children less than six years of age or 60 pounds will be seated in club supplied boosters while in vans.

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

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

Name	Relationship	Address	City/State/Zip	Phone

# CAMP SELECTION

Please check the days your child will attend each week and your child's preferred lesson type for each **SESSION**.

## LESSON SESSION 1\*

Choose your SESSION specialty:

- Basketball  Tennis

### JUNE 8 - 12

- Full Week
- Mon  Tue  Wed  Thu  Fri

### JUNE 15 - 19

- Full Week
- Mon  Tue  Wed  Thu  Fri

### JUNE 22 - 26

- Full Week
- Mon  Tue  Wed  Thu  Fri

## LESSON SESSION 2\*

Choose your SESSION specialty:

- Basketball  Tennis

### JUNE 29 - JULY 3

- Full Week
- Mon  Tue  Wed  Thu  Fri

### JULY 6 - 10

- Full Week
- Mon  Tue  Wed  Thu  Fri

### JULY 13 - 17

- Full Week
- Mon  Tue  Wed  Thu  Fri

## LESSON SESSION 3\*

Choose your SESSION specialty:

- Basketball  Tennis

### JULY 20 - 24

- Full Week
- Mon  Tue  Wed  Thu  Fri

### JULY 27 - 31

- Full Week
- Mon  Tue  Wed  Thu  Fri

### AUGUST 3 - 7

- Full Week
- Mon  Tue  Wed  Thu  Fri

### AUGUST 10 - 14

- Full Week
- Mon  Tue  Wed  Thu  Fri

\*Basketball and tennis lessons will be held on Tuesdays and Thursdays. Lesson selection preference will be given to weekly campers. A drop in participant will be able to attend his/her preferred lesson type if space is available and his/her experience level is comparable.

**NOW SIGN THE WAIVER ON THE BACK →**

## DISCIPLINE

The LRAC 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 LRAC 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.

## RELEASE OF LIABILITY AND ASSUMPTION OF RISK

I understand and acknowledge that this is an agreement between myself and the auspices of the Little Rock Athletic Centers, LLC, dba Little Rock Athletic Club, Little Rock Racquet Club, North Little Rock Athletic Club and Downtown Athletic Club (collectively referred to as LRAC). I further acknowledge that I have the ability to read and have been provided the opportunity to read this agreement before signing.

I understand and agree that being allowed to participate and utilize the equipment, programs, supplies, services, staff and facilities at LRAC is good and valuable consideration for this agreement.

I understand that the nature of LRAC's facilities and equipment contemplate that other members, guests and staff will have access to the equipment, supplies and services available at LRAC. While LRAC takes reasonable steps to insure the safety and sanitization of the equipment, programs, supplies, services and facilities, it cannot and does not guarantee that the equipment, programs, supplies, services and facilities are germ / virus free (this includes, but is not limited to COVID-19). I acknowledge the individual responsibility regarding these issues and hereby waive any and all claims related to such issues should I or my children choose to participate and/or utilize the equipment, programs, supplies, services and facilities. I also acknowledge the individual responsibility regarding the fact that other members, guests or staff may be present and may have medical conditions and/or infections wholly independent of LRAC. I hereby waive any and all claims related to such issues should I or my children choose to participate and/or utilize the equipment, programs, supplies, services and facilities while other members, guests or staff are present.

**RELEASE AND AGREEMENT NOT TO SUE:** I understand, acknowledge and agree that the equipment, programs, supplies, services and facilities at LRAC are voluntary and that they involve inherent risks. The risk of injury includes the risk of use and the risk of misuse. The possible injuries include 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 and that of my children. I knowingly and freely agree to waive any claim for injury sustained at LRAC and agree not to sue LRAC (including its managers, officers, officials and/or employees) whether or not the claim for injury was caused by the negligence of LRAC, its managers, officers, officials and/or employees. I further agree to indemnify and hold harmless LRAC against any and all damage, loss, cost and expense related to any injury or harm I or my children might sustain.

**Photography and/or Video -** I understand that LRAC periodically takes facility and group photographs and videos and uses the resulting content for lawful purposes including, publicity, illustration, advertising and web content. I grant to LRAC and all its subsidiaries the right to take photographs and/or videos of myself or my children. 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..

**Text and Email Communication -** By opting in to receiving text and email messages from LRAC, I agree to allow LRAC and all its subsidiaries, agents and service providers to contact me with promotional and informational texts and emails at the phone number(s) and/or email address(es) provided. I acknowledge that providing these phone numbers and email addresses is not a condition of receiving any property, goods or services. By listing this information, I certify that it is accurate and that I own the rights to use it and give consent for it/their use. Additionally, I understand that I may unsubscribe at any time to these communications.

## PARTICIPANT AGREEMENT

My signature conveys:

- I have read all of the above, fully understand its meaning and that I have given up substantial rights and granted specific permissions which I do freely and voluntarily without any inducement or coercion.
- 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 authorize the LRAC to draft my program fee;
- 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 sunscreen may be applied by LRAC staff members and have indicated my child's special needs as directed; and
- 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;

Child's Name: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_