

# DAC SUN FUN 2023 DAY CAMP

## June 26<sup>th</sup> - August 18<sup>th</sup>

### Let's get ready to have some FUN!

From the moment you enter Davison Athletic Club's **SUN FUN DAY CAMP**, you can feel why it's the right place for your child. You'll feel secure knowing that your child is having fun, learning, and interacting with other children, all in the hands of qualified counselors. We will provide PEACE of mind for parents in a clean, enthusiastic environment. This year's camp promises to be better than ever.

### DAILY RATES

**Member** 1<sup>st</sup> Child...\$45

Additional Child...\$40

**Non-Member** 1<sup>st</sup> Child...\$55

Additional Child...\$50

### WEEKLY RATES

**Member**

\$200 First Child

\$175 Each Additional

**Non-Member**

\$250 First Child

\$225 Each Additional

Ages

6yrs - 13yrs

\*No 5 yr. olds will be accepted this year\*

Monday - Friday

Day Camp

7:30am-5:30pm

Extended  
Hours

7am-6pm

additional  
\$5 per day  
per family

Join us by the **WEEK** or by the **DAY**



revised 3.21.23

Week 1 June 26-30

Week 2 July 5-7\*

Week 3 July 10-14

Week 4 July 17-21

Week 5 July 24-28

Week 6 July 31-August 4

Week 7 August 7-11

Week 8 August 14-18

\*NO camp Monday & Tuesday, July 3 & 4

**Davison Athletic Club**

810 653-9602

www.DccDAC.com



## DAC STAFF IS LOOKING FORWARD TO HAVING A GREAT SUMMER!

Lets get ready to have some FUN!!!

### PLEASE READ

**CAMP PAYMENT:** In order for a Camper to attend Camp, payment must be paid prior to the week or the day of use. There will be a daily limit of 35 kids, no exceptions. Payments are to be made at the Front Desk. Any days not used by end of camp will **NOT** be refunded or credited to a future camp.

**CHECK IN:** Each Day, children must be checked in at the Front Desk and proceed to Sun Fun Day Camp (located in the Fit-N-Fun Zone) by a Parent/Guardian. For safety reasons children are **NOT** allowed to be dropped off at front door. Please inform camp staff at check in if someone not on your registration form will be picking up your child.

**PICK UP:** Inform the Front Desk that you are here to pick up your child. Then go to camp area (Fit-N-Fun Zone) and sign your child out with a staff member on the daily roster.

**ITEMS TO BRING DAILY:** Please label all items with your child's name.

- Swimsuit
- Daily Towel for Pool USE
- A Pair of Socks (required for Captain Sharky's Cove)
- Sack Lunch
- Healthy Snacks
- Water Bottle
- Tennis Shoes/Sandals

**ATTENTION:** An **EXTRA FEE** will be **CHARGED** for **PRE-CAMP** and **POST-CAMP HOURS**.

Extended Hours are 7:00am to 6:00pm

The charge is \$5 per day/per family

**CAMP IS NOT AVAILABLE AFTER 6:00pm**

The entire staff is looking forward to an exciting and enjoyable summer ahead. Please feel free to contact me if you have any questions or concerns.

Thank You,  
Makenna Bauldry, SUN FUN DAY CAMP Director  
Any questions please call or text  
810.618.2850

**DAVISON ATHLETIC CLUB**  
**2140 FAIRWAY DRIVE**  
**DAVISON, MI 48423**  
**810 653-9602**



# Registration Form

DAVISON ATHLETIC CLUB  
2140 FAIRWAY DRIVE  
DAVISON, MI 48423  
810 653-9602

## CHILD INFORMATION:

Name: \_\_\_\_\_  
Last First Middle

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State

Zip

General Physical Condition: \_\_\_\_\_

Medications Needed or Used: \_\_\_\_\_

Known Allergies (Drug or Food): \_\_\_\_\_

Helpful information or special circumstances we should know concerning your child:

Physician/Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

## GUARDIAN INFORMATION:

Guardian's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## EMERGENCY CONTACT:

1. \_\_\_\_\_  
Contact Name Relationship Phone Number

2. \_\_\_\_\_  
Contact Name Relationship Phone Number



# Parent Release Form

**DAVISON ATHLETIC CLUB**  
**2140 FAIRWAY DRIVE**  
**DAVISON, MI 48423**  
**810-653-9602**

## AUTHORIZATION FOR PICKING UP CHILD

My child(ren) \_\_\_\_\_ may leave Sun Fun Day Camp with the following person or persons.

_____	_____	_____
<b>Name</b>	<b>Relationship</b>	<b>Phone Number</b>
_____	_____	_____
<b>Name</b>	<b>Relationship</b>	<b>Phone Number</b>
_____	_____	_____
<b>Name</b>	<b>Relationship</b>	<b>Phone Number</b>
_____	_____	_____
<b>Name</b>	<b>Relationship</b>	<b>Phone Number</b>

**PLEASE NOTE: Children will NOT be allowed to leave DAC Sun Fun Day Camp with ANY unauthorized person. Identification may be required.**

**X**

\_\_\_\_\_  
**Parent or Guardian**

\_\_\_\_\_  
**Date Signed**

## Field Trip Form

I understand the nature of the camp activity in which my son/daughter will be participating and that he/she is expected to abide by all Sun Fun Day Camp/Davison Athletic Club regulations during the course of the activity.  
I hereby give my permission for him/her to participate in all field trips and activities associated with any and all field trips.

I further agree that, in the event of an accident, illness or any other circumstance requiring medical treatment, such treatment may be procured for my son/daughter without financial obligation to the Sun Fun Day Camp/Davison Athletic Club.

Signature of Parent/Guardian: **X** \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION TO TREAT A MINOR

The parent/legal guardian further understands the Davison Athletic Club personnel will make reasonable efforts to notify the parent/legal guardian of the child in the case of an accident, sudden illness or other condition, but authorizes Davison Athletic Club personnel to seek such care or treatment, and for any care or treatment to be administered, even in the event that either parent or legal guardian are not contacted prior to the seeking or rendering of such, care, treatment, or other measures.

The parent/legal guardian signing this form releases the Davison Athletic Club and all their personnel from and of any liability for such decisions or actions in seeking medical care, and agrees to pay all costs and fees for medical care or treatment authorized under this Emergency Medical Authorization.

Signature of Parent/Guardian: **X** \_\_\_\_\_ Date: \_\_\_\_\_



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# Payment Form

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

Parent/Legal Guardian: \_\_\_\_\_

Member/Non Member: \_\_\_\_\_ Please Circle One: 1st Child 2nd Child 3rd Child

## Weekly

**Weekly Member**  
 \$200 First Child  
 \$175 Each Additional  
 \$25 Pre & Post Camp

**Weekly Non-Member**  
 \$250 First Child  
 \$225 Each Additional  
 \$25 Pre & Post Camp

## Camp Weeks

Please check box for weekly registration

- |  |  |
|--|--|
| <input type="checkbox"/> Week 1 June 26-30 | <input type="checkbox"/> Week 5 July 24-28       |
| <input type="checkbox"/> Week 2 July 5-7 * | <input type="checkbox"/> Week 6 July 31-August 4 |
| <input type="checkbox"/> Week 3 July 10-14 | <input type="checkbox"/> Week 7 August 7-11      |
| <input type="checkbox"/> Week 4 July 17-21 | <input type="checkbox"/> Week 8 August 14-18     |

**\*No Camp Monday, July 3 & Tuesday, July 4**

Total Weeks: \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_ Balance Due

## Daily

**Please circle days on calendar for daily registration**

**Member Daily:**  
 \$45 1st Child Member  
 \$40 Each Additional  
 \$5 Pre & Post Camp

### Sun Fun Day Camp Calendar IN ORANGE

**Non-Member Daily:**  
 \$55 1st Child Member  
 \$50 Each Additional  
 \$5 Pre/Post Camp

JUNE							JULY							AUGUST						
S	M	T	W	R	F	S	S	M	T	W	R	F	S	S	M	T	W	R	F	S
													1			1	2	3	4	5
							2	3	4	5	6	7	8	6	7	8	9	10	11	12
							9	10	11	12	13	14	15	13	14	15	16	17	18	19
							16	17	18	19	20	21	22	20	21	22	23	24	25	26
							23	24	25	26	27	28	29	27	28	29	30	31		
							30	31												
26	27	28	29	30																

Total Days: \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_ Balance Due

I fully understand and agree to the terms of this agreement. I take full responsibility for the payment incurred by me (for my child) during the course of their participation in Sun Fun Day Camp. I understand that I am required to pay the appropriate balance due PRIOR to my child's attendance. I also understand that I am responsible for field trip fees, pre/post camp, lunches, and snacks and that **all days not used by the end of camp will not be refunded or credited toward a future camp.**

Signature of Parents/Guardian: **X** \_\_\_\_\_ Date: \_\_\_\_\_



# Release Statement



I, \_\_\_\_\_ grant Davison Athletic Club, its representatives and employees the right to take photographs of me and my property. I authorize Davison Athletic Club, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Davison Athletic Club may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

Do you agree that you do not expect, or require, any financial remuneration for the reproduction or such photos now or in the future? Check:  Yes  No

I have read and understand the above:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian (if under age 18)

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