



• SWIM & RECREATION CLUB •

# TEEN & TWEEN DAY CAMPS - SUMMER 2022 -

Vanapalooza, Ages 11-14

Jr. Counselor, Ages 13 & up

Jr. Lifeguard & Sammie Guards, Ages 9-14

**Welcome Letter to Parents & General Program Information**

**Registration & Cancellation Policies/Agreement** (duplicate parent copy)

Due: Signed at time of in-house registration or accepted during online registration

**Registration & Medical Information Form**

Due: Prior to First Day of Camp

**Program Waiver / Consent to Medical Care/Promotions Use**

Due: Prior to First Day of Camp

**Samena Swim and Recreation Club**

15231 Lake Hills Blvd. Bellevue, WA 98007

Phone: **(425) 746-1160**

Program Director: Jessica Robinson, Ext. 117



# Teen & Tween Camps 2022

Dear Samena Summer Tween and Teen Camp Parents,

Thank you for choosing Samena for your child's summer camp experience. The summer camp staff and I are looking forward to a great camp program and we are glad that your child will be joining us. Your camper will have the opportunity to make new friends and experience a variety of activities and games.

Themes will guide the direction of the activities for the week. All Samena staff is American Red Cross trained and certified in First Aid and CPR. Our swimming pools are guarded at all times.

Program participants must have all camp forms (Medical Form and Consent for Medical Care) completed **PRIOR** to attending Samena's Vanapalooza Camp, Junior Lifeguarding camp, Junior Counselor in Training or Sammie Guards. For everyone's convenience we recommend you complete these prior to arriving at Samena on Monday morning.

## Items Your Child Will Need Daily:

- Tennis shoes & weather-appropriate clothing. (For safety, flip flops & sandals not recommended)
- Lunch and a drink (**No nuts**)
- Swim suit and towel
- Sunscreen
- Refillable Water bottle

Payments are due in full 2 weeks prior to the start date of camp. Cancellations up to 14 business days prior to start date of the camp session will receive a refund of total amount paid, less the \$50 non-refundable deposit per child. **Please see the final page of this packet for more details and to sign our cancellation policy.** For your convenience camp concession cards are sold at the front desk. These electronic gift cards will be kept on file for your child's use during their group concession time. Cards are available in any amount. Please note concession cards will not be used during lunch time and are non-refundable.

Tween and Teen campers will be released at 4pm. Members over 10 years old are welcome to stay and enjoy the club facilities. Non-members must arrange for transportation to leave the Samena facility at 4pm.

Thank you for choosing Samena for your summer fun. If you have any questions or concerns please feel free to contact us.

Sincerely,

*Jessica Robinson*

Jessica Robinson

Program Director

425-746-1160 ext. 117

jessicar@samena.com

# SAMENA TEEN & TWEEN CAMPS

## REGISTRATION & CANCELLATION POLICIES/ AGREEMENT

### *Parent Duplicate Copy*

***A copy of this form must be read & signed at time of in-house registration or accepted during online registration.***

1. A \$50.00 deposit will be collected to reserve each day camp week, though payment in full is always welcomed.
2. Each \$50.00 deposit is **non-refundable**, but may be transferred to another Day Camp week prior to **May 31, 2022**. On June 1, 2022 and any day forward, deposits are **non-refundable** and **non-transferable**. Any switches or cancellations must be made in writing by email to [frontd@samena.com](mailto:frontd@samena.com).
3. If you choose to pay originally with deposits, the weekly total camp fee balance must be paid **two weeks** prior to the camp start date.
4. Cancellations made up to **14 business days** prior to the camp date will be given a Club credit less the non-refundable/non-transferrable deposit per child.
5. No refunds or Club credits are available when cancelling less than **14 business days** prior to the start date. Balances may be transferred based on availability less the non-refundable deposit.
6. There is no Club credit or refund provided once a camp has begun.

If you have any questions regarding the cancellation policy, please contact:

Jessica Robinson by phone at 425-746-1160 ext. 117 or by email at [jessicar@samena.com](mailto:jessicar@samena.com)

**I have read, understand, & agree to the Registration and Cancellation Policy as stated above.**

*Parent Copy to Keep. Signed original submitted with Registration Form.*

# Teen & Tween Day Camp Medical Form

Last Name:	First Name:	Middle:
Birthdate (MM/DD/YYYY):		Nickname?
Street Address:	City:	Zip Code:
Child's Parent/Guardian Name(s):		
Cell Phone:	Home Phone:	Additional Phone:
(Alternate) Street Address:	City:	Zip Code:
Address of where we can reach you while child is in care:		

## Authorized Pick Up

(Fill in below line) Name / Relationship:	Address:	Telephone Numbers:
(Fill in below line) Name / Relationship:	Address:	Telephone Numbers:
(Fill in below line) Name / Relationship:	Address:	Telephone Numbers:
(Fill in below line) Name / Relationship:	Address:	Telephone Numbers:

*In case of an emergency, I give permission for any of the following individuals to be contacted, and my child may be released to any of them:*

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

Name / Relationship:	Phone Number:
Name / Relationship:	Phone Number:

Who does not have permission to pick up your child? <small>If applicable: (A copy of supporting court document must be on file)</small>
Name:
Reason:
<i>If more, please attach separate sheet</i>

### Child's Health Information

Child's Health Care Provider:

Phone Number:

Date of Child's Last Physical Exam:

Street address:

City:

Zip Code:

Special health problems? Yes or no? If yes, please specify :

Allergies, including drug reaction Yes or No? If yes, specify:

### Child's Medical Insurance

Insurance Company:

Member/Policy Number:

Policy Holder Name:

Employer Name:

Insurance Company:

Member/Policy Number:

Policy Holder Name:

Employer Name:

### Consent to Medical Care, Treatment of Minor Children, and Program Waivers

I \_\_\_\_\_ (Parent / Legal Guardian) hereby give permission that my child, \_\_\_\_\_ may be given emergency treatment to include first aid and CPR by a qualified staff member at Samena Club. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health in case I cannot be contacted. I waive my right of informed consent of such treatment. I give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I give permission for him/her to participate in the Samena Club's Children's Program activities and outings which may include transportation for offsite activities.

I provide permission for the Samena Club to use any pictures of my child in future promotional purposes for the Samena Club only (photos will not be sold) unless denied in writing and attached to this form.

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of parent or legal guardian: \_\_\_\_\_