



June 24th - August 16th

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 1st Child...\$45

Additional Child...\$40

Non-Member 1st 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

WEEKLY THEMES

Week 1	June 24-28	The Challenge
Week 2	July 1-3*	Made in America
Week 3	July 8-12	Carnival Fun
Week 4	July 15-19	Welcome to the Jungle
Week 5	July 22-26	Christmas in July
Week 6	July 29-Aug 2	Olympic Games
Week 7	August 5-9	Howdy Partner
Week 8	August 12-16	Under the Sea

*NO camp Thursday & Friday, July 4 & 5

*If Davison Schools start back to school the week of August 12th, there will not be daycamp WEEK 8.

Davison Athletic Club

810653-9602

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 30 kids, no exceptions. Payments are to be made at the Front Desk. Any days not used by the 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 will 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 the 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 the 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
- Sunscreen
- 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
810.653-9602
www.DccDAC.com



Registration Form

810 653-9602

CHILD INFORMATION:

Last Name: _____ First Name _____

Age: _____ Birth Date: _____ Phone Number: _____

Address: _____
Street City State Zip

General Physical Condition: _____

Medications Needed or Use: _____

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: _____ Email: _____

Home Address: _____
Street City State Zip

Employer: _____ Work Phone: _____

Guardian's Name: _____ Relationship to Child: _____

Cell Phone: _____ Email: _____

Home Address: _____
Street City State Zip

Employer: _____ Work Phone: _____

EMERGENCY CONTACT:

1. _____
Contact Name Relationship Phone Number

2. _____
Contact Name Relationship Phone Number



DAVISON ATHLETIC CLUB

2140 Fairway Drive

Davison, MI 48423

810 653-9602

Parent Release Form

AUTHORIZATION FOR PICKING UP CHILD

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

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____



DAVISON ATHLETIC CLUB

2140 Fairway Drive

Davison, MI 48423

Payment Form

810 653-9602

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

Camp Weeks

Please check box for weekly registration

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

<input type="checkbox"/>	Week 1	June 24-28
<input type="checkbox"/>	Week 2	July 1-3 *
<input type="checkbox"/>	Week 3	July 8-12
<input type="checkbox"/>	Week 4	July 15-19

<input type="checkbox"/>	Week 5	July 22-26
<input type="checkbox"/>	Week 6	July 29-August 2
<input type="checkbox"/>	Week 7	August 5-9
<input type="checkbox"/>	Week 8	August 12-16

**No Camp Thursday, July 4 & Friday, July 5*

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

Daily

Please circle days on calendar for daily registration

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

Sun Fun Day Camp Calendar IN ORANGE

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

JUNE

M	T	W	R	F
24	25	26	27	28

JULY

M	T	W	R	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

AUGUST

M	T	W	R	F
			1	2
5	6	7	8	9
12	13	14	15	16

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:

Child's Printed Name: _____

Signature: _____ Date: _____

Parent/Guardian (if under age 18)

DAVISON ATHLETIC CLUB
2140 Fairway Drive
Davison, MI 48423
810 653-9602