

FRANCO'S

SUMMER CAMP

VOTED BEST



Week 1	May 27-31	Global Wildlife
Week 2	June 3-7	Safari Quest
Week 3	June 10-14	Skating Rink NEW
Week 4	June 17-21	Coquille Park
Week 5	June 24-28	Chuck E Cheese
Week 6	July 1-5	Audubon Zoo
Week 7	July 8-12	Bowling NEW
Week 8	July 15-19	Chill Zoo at Audubon Zoo
Week 9	July 22-26	LSU Football Camp NEW
Week 10	July 29-Aug 2	Elevation Station
Week 11	Aug. 5 - 8	Gulf Islands Water Park



**EARLY BIRD
REGISTRATION
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AGES 5-14

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franco's

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2019 FRANCO'S SUMMER CAMP REGISTRATION FORM



CAMPER INFORMATION (ages 5 - 14)

First Name _____ Last Name _____

Birth Date ____/____/____ Age as of 5/1/19 _____ Member # _____

T Shirt Size	Youth Sizes: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <small>XS/S available for RED/ORANGE GROUPS</small>				Adult Sizes: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL			
Group	<input type="checkbox"/> RED (Age 5)	<input type="checkbox"/> ORANGE (Age 5-6)	<input type="checkbox"/> GREEN (Age 7-8)	<input type="checkbox"/> BLUE (Age 9-10)	<input type="checkbox"/> PURPLE (Age 11-12)	<input type="checkbox"/> CIT (Counselor in Training) (Age 13-14)		

Mother _____ Cell _____ Email _____

Father _____ Cell _____ Email _____

Address, City, State, Zip _____

Additional adults authorized to pick up or IN CASE OF EMERGENCY

Name _____ Relationship _____ Cell _____

Name _____ Relationship _____ Cell _____

PRICING

	REGISTRATION FOR SINGLE	REGISTRATION FOR FAMILY	SESSIONS	BEFORE CARE 7:30am-8:30am	AFTER CARE 3:30pm-6pm
MEMBERS	\$60	\$100	\$229	\$25	\$50
NON-MEMBERS	\$75	\$115	\$249	\$25	\$50

Summer Camp billing, if charged to your membership account, is processed the FIRST of each month.
If you are registered for 3 weeks of camp in June you will be drafted June 1 for all 3 weeks

SESSION INFORMATION

SESSION	DATE	FIELD TRIP	EARLY CARE	AFTER CARE
<input type="checkbox"/> Week 1	May 27-31	Global Wildlife	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 2	June 3-7	Safari Quest	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 3	June 10-14	Skating Rink (NEW!)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 4	June 17-21	Coquille Park	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 5	June 24-28	Chuck E Cheese	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 6	July 1-5	Audubon Zoo	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 7	July 8-12	Bowling	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 8	July 15-19	Chill Zoo at Audubon Zoo (NEW!)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 9	July 22-26	LSU Football Camp (NEW!)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 10	July 29-Aug 2	Elevation Station	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 11	Aug 5 - 8 (Thu)	Gulf Islands Water Park	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH INFORMATION

Is your child allergic to any foods? ☐ No ☐ Yes Type and reaction _____

Is your child allergic to any medications? ☐ No ☐ Yes Type and reaction _____

Is your child taking any medications? ☐ No ☐ Yes Type and reaction _____

Does your child have ☐ Asthma ☐ Diabetes ☐ Epilepsy ☐ Heart Problems ☐ ADD/ADHD

Are there any special conditions of which we need to be aware? _____

EMERGENCY INFORMATION

Physician's Name _____ Phone Number _____

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, to secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the person named above. This form may be photocopied for use out of camp.

PUBLICITY RELEASE

I give permission to use any photographs involving the child registered on this form to Franco's Athletic Club in any publication, news release, printed material, website, social media or any other form of advertising and release all rights there unto pertaining.

☐ No ☐ Yes

REPRIMAND POLICY

The following reprimand policy will be enforced throughout the summer camp. Please read this section completely. Incidents upon which this policy will be enforced include, but are not limited to: fighting, use of foul language, disrespect to staff members, other campers or members and failure to follow instructions.

Upon the first infraction, the child will be removed from the activity and placed in "time-out". He/she will be made aware of the reasoning for the punishment and the consequences. The camp director will be made aware of the situation and a written documentation of the incident will be kept on file. The incident will be documented and reported to the parents. The parents will be required to sign an incident report, which documents the behavior and action taken.

Upon the second infraction, the child will be removed from the activity and placed in "time-out". He/she will be made aware of the reasoning for the punishment and the consequences. The camp director will directly contact the parents and inform them of the situation. The parents will be required to sign an incident report, which documents the behavior and action taken. The parents will be warned that any further infractions will result in removal from the camp.

Upon the third infraction, the child will be removed from the activity and asked to sit in the director's office. The director will notify the parent's and request that the child be removed immediately. At this point the child will not be allowed to return to camp. A prorated refund will be offered to the parents of the child.

Camper Registration IS NOT officially complete until the payment agreement is signed. Upon signing the payment agreement, you will receive confirmation of registration as well as camper's tshirt and bag.

Signature of Parent/Guardian _____ Date _____ / _____ / _____

2019 FRANCO'S SUMMER CAMP PAYMENT AGREEMENT

PAYEE INFORMATION

Payee's Name _____ Member Number _____

Phone Number _____ Email _____

Campers' Names _____

Address _____

PAYMENT METHOD

☐ Franco's Account If on a payment plan then...Drivers License Number _____

☐ Check (Make checks payable to Franco's Athletic Club)

☐ Credit Card ☐ Visa ☐ MC ☐ AmEx ☐ Disc Credit Card # _____ Exp. ____/____/____

PAYMENT SCHEDULE

CHARGE DATE	PAYMENT AMOUNT	PAYMENT TYPE
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

AGREEMENT Please initial and sign below.

_____ Cancellations must be received two (2) weeks prior to the registered week to receive a refund.

_____ Sick campers will not be refunded for week/days **missed** but can be transferred to a future week/days missed if the dates are available

_____ Cancellations must be emailed to programregistration@myfrancos.com for approval.

_____ The earliest time for before-care campers to be dropped off is 7:30am.

_____ All after-care children must be picked up by 6:00pm. A fee of \$1.00 per minute past 6:00pm will be added. Time is according to clocks inside Franco's.

_____ Participant's guardian expressly agrees on his/her behalf that all uses of club shall be undertaken at his/her sole risk and that the Club's owners, managers, and employees shall not be liable for any damages or injuries to any member or guest, or be subject to any claim or demand whatsoever. Each participant assumes responsibility for him/herself and on behalf of his/her executors, administrators, and assigns, does fully and forever waive, release, and discharge the Club's owners, managers, employees, and agents from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from, or arising out of, the Member or his/her guest, or his/her minor children's use or intended use of the Club's facilities and equipment.

Signature of Parent/Guardian _____

Date ____/____/____