



RecPlex Ice Arena Sk8ing Strong Summer Camp Payment Form /Automatic Payment Options

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Participant Name: _____ *one form per child*

Date of Birth: _____

Child's Skating Track: Basic Skills Freeskate Elite Freeskate

Basic Skills Track (Monday – Friday: 12:00-4:30pm)

Cost: *Please select one or more of the options below:*

- Daily: \$25/\$35
- Weekly Half Day: \$100/\$124
- Payment options 1, 2 or 3 are available for the daily option. If you are choosing the weekly option ONLY options 1 and 2 are available (automatic checking account or credit card withdrawal). Calendars must be filled out marking the days your child will be in attendance if payment options 1 or 2 are selected.

Freeskate Track (Monday – Friday 7:00-11:30am)

Cost

Please select one or more of the options below:

- Daily: \$40/\$50
- Weekly Half Day: \$160/\$200
- Sk8ing Passport: \$120/\$140 (Includes 10 INDIVIDUAL class buy-ons)
- Individual Class Buy-on: \$15/\$17
- Payment options 1, 2 or 3 are available for the daily option. If you are choosing the weekly option ONLY options 1 and 2 are available (automatic checking account or credit card withdrawal). Calendars must be filled out marking the days your child will be in attendance if payment options 1 or 2 are selected. If you are choosing the passport or individual class buy-on option, only option 3 is available.

Elite Freeskate Track (Monday – Friday 7:00-11:30am)

Cost: *(Please select one or more of the options below):*

- Daily: \$40/\$50
- Weekly Half Day: \$160/\$200
- Sk8ing Passport: \$120/\$140 (Includes 10 INDIVIDUAL class buy-ons)
- Individual Class Buy-on: \$15/\$17
- Payment options 1, 2 or 3 are available for the daily option. If you are choosing the weekly option ONLY options 1 and 2 are available (automatic checking account or credit card withdrawal). Calendars must be filled out marking the days your child will be in attendance if payment options 1 or 2 are selected. If you are choosing the passport or individual class buy-on option, only option 3 is available.



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Please select one of the payment options:

• **Option 1— Weekly Checking Account Auto draft – Calendar submitted**

- Funds will be withdrawn from your checking account each Friday prior to the week of care.

Account number: _____

Routing number: _____

Bank name: _____

• **Option 2— Weekly Credit Card Auto draft – Calendar submitted**

- Funds will be charged to your credit card each Friday prior to the week of care.

Card Type: (circle one) Visa MasterCard Discover AMEX

Financial Institution Name: (bank name on card) _____

Card holder Name: (print) _____

Credit Card # _____ **Expiration Date:** _____

Card holder billing address:

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

I hereby authorize the RecPlex and the financial institution designated above to begin automatic deductions from the account designated above for all Sk8ing Strong Summer Camp participants listed on this form. I understand my credit card will be charged weekly. I understand that my monthly credit card statement will typically show the amount and the date payment was made to the RecPlex. I understand that I am responsible for ensuring that the account designated above has sufficient funds on a weekly basis to allow for the automatic deduction of my payment. I understand that if there are any changes to my account I will notify the Billing Department in writing 1 week prior to my scheduled weekly automatic payment deduction. I understand I am liable for any uncollected payment and for any fees or penalties imposed by the RecPlex or my financial institution related to any uncollected payment. I am the parent/guardian and agree to the terms of this document.

I agree to the terms of this agreement, as well as the RecPlex bank draft payment scheduled and its policies.

Account Holder's Signature: _____ **Date:** _____

• **Option 3— Drop-in Care – No Calendar Submitted – Sporadic Care**

A credit card on file is required to ensure that all payments are secured. Your credit card will automatically be charged when your child arrives for daily buy-on camp, or chooses to do an individual class buy-on and does not have a passport. If you choose to purchase a passport, your credit card will be charged when the passport is depleted. Failure to have funds available, or have an active credit card will result in no camp.

Card Type: (circle one) Visa MasterCard Discover AMEX

Financial Institution Name: (bank name on card) _____

Card holder Name: (print) _____

Credit Card # _____ **Expiration Date:** _____

Card holder billing address:

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

I hereby authorize the RecPlex and the financial institution designated above to begin automatic deductions from the account designated above for all Sk8ing Strong Summer Camp participants listed on this form. I understand my credit card will be charged weekly. I understand that my monthly credit card statement will typically show the amount and the date payment was made to the RecPlex. I understand that I am responsible for ensuring that the account designated above has sufficient funds on a weekly basis to allow for the automatic deduction of my payment. I understand that if there are any changes to my account I will notify the Billing Department in writing 1 week prior to my scheduled weekly automatic payment deduction. I understand I am liable for any uncollected payment and for any fees or penalties imposed by the RecPlex or my financial institution related to any uncollected payment. I am the parent/guardian and agree to the terms of this document.

I agree to the terms of this agreement, as well as the RecPlex bank draft payment scheduled and its policies.

Account Holder's Signature: _____ **Date:** _____

PLEASE SEE LAST PAGE OF PACKET IF REFUSING TO PROVIDE CREDIT CARD INFORMATION



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Registration Agreement

I agree to the policies and procedures set forth in the RecPlex Sk8ing Strong Summer Camp Policies. My child and I have discussed and understand that while participating at RecPlex programs, the staff is in charge. My child is aware that any rules and/or instructions made by a staff member are to be followed. I give permission for my child to ride to and from RecPlex in buses and company vehicles. RecPlex has my permission to use any photographs of my child taken during the program or during any activity the program sponsors for the purpose of display or publicity.

Emergency Treatment: I grant RecPlex permission to administer emergency treatment to my child. This may include, but is not limited to, emergency first aid, local rescue or local hospital/trauma center.

Agreement: I understand this registration form is a contract for Sk8ing Strong Summer Camp on specific days and weeks. I agree to pay RecPlex my weekly camp fees in advance. I am responsible for payment of all days and weeks that I have indicated or added. One (1) week's advance notice is required in writing to change my child's schedule or withdraw from camp. I understand I am liable for these charges if one week's notice is not given for any changes in scheduled attendance or withdrawal from the program.

Payment: Payments are due no later than the Friday prior to the week of camp. I (parent or guardian who signs form) agree to make payments to Village of Pleasant Prairie/RecPlex no later than the due date or pay an additional \$20 late fee per participant. Returned checks or declined credit card payments will incur a \$25 fee, plus you will be required to make payment in full for past due amounts in addition to one week's tuition in advance before readmitting your child to the program.

By completing and signing the Registration form, I (parent or guardian) understand and agree to the terms, policies and guidelines set forth in the RecPlex Sk8ing Strong Summer Camp policies. I agree to be responsible for all costs incurred with collecting debts more than 30 days past due, including but not limited to, fees for late payments, uncollected payments, filing fees, court costs, and attorney's fees.

By signing below you understand and agree to Village of Pleasant Prairie/RecPlex payment terms and authorize Village of Pleasant Prairie/RecPlex to process your payments weekly prior to your child's participation in the program. Village of Pleasant Prairie/RecPlex will securely maintain your financial information. Parents/Guardians are responsible for updating with RecPlex any changes to your payment information, including credit card number; expiration date, credit card verification number, checking account information, and billing address changes.

Check Here: I have read and agree to the Sk8ing Strong Summer Camp Policies and Registration Form.

Print Name: _____

Legal Guardian Signature: _____ **Date:** _____



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Credit Card on File/Billing Opt out Agreement

I, _____ understand that by choosing to opt out of all 3 billing options
(First/Last Name)

listed above that I must have my days/weeks of camp paid for the morning/afternoon of (*PRIOR to camp starting*) or before. I understand that if my child arrives for camp and payment is not secured prior to camp starting that they will not be able to participate in camp until payment is secured. I understand that if my child does not have any classes left on their skating passport they will not be able to participate in camp until the passport is replenished. I understand that if I choose not to buy a skating passport and a class my child wants to take is not paid for prior to the class beginning they will not be able to participate until payment is secured.

Check Here: I have read and agree to the Sk8ing Strong Summer Camp Billing Opt out Agreement

Print Name: _____

Legal Guardian Signature: _____ Date: _____