

Monday through Friday 8:30 am — 5:00 pm Cost: \$250 per week per child 20-child limit per camp

## It's time for another fun-filled summer at Camp Rio!

All kids ages 5–13 (entering 1st grade in the fall through those just completing 6th grade) may register.

Please pack a lunch and a snack from home, or an optional snack bar lunch is available for an additional fee.

Campers also need sunscreen, hat, towel and athletic shoes.

For more information please contact Lisa Magley, (916) 488-8100, or lisam@sparetimesportsclubs.com.

Our counselors will escort campers who are participating in any Rio tennis or swim programs to and from camp.

Please specify the time and instructor when checking in your child in the morning.

Week 1: June 14–18
Sports Skills

Week 2: June 21–25
Water Adventure

Week 3: June 28-July 2
Spartan Obstacle

Week 4: July 12–16
Art Camp

Week 5: July 19–23
Water Adventure

Week 6: July 26–30
Spartan Obstacle





## **Camp Rio Daily Schedule**

8:30–9:15 am: Drop-off 9:15–10:15 am: Fitness Games 10:15–10:30 am: Snack

10:30–11:30 am: Skills and Drills

11:30 am-12:30 pm: Lunch

12:30–1:30 pm: Arts and Crafts

1:30–3:00 pm: Swim

3:00–4:30 pm: Group Exercise Games

4:30-5:00 pm: Pick-up

Campers must be picked up in the Kids' Club and signed out NO later than 5:00 pm. Thank you.

## **CAMP RIO REGISTRATION 2021**

Camper Name:					Age:		
Camper Name:					Age:		
Camper Name:					Age:		
Individuals auth	orized to pick up my	child or to	contact in case of an em	nergency:			
Name:					Phone # (cell)		
Address:E-mail address:							
<ul><li>□ Please charge</li><li>□ Week 1 (6/14</li><li>□ Week 4 (7/12</li></ul>	4-6/18)	ccount.(\$250	per week.) Please check the weel  Week 2 (6/21-6/25)  Week 5 (7/19-7/23)	_	ld(ren) will be participating in Camp Rio Week 3 (6/28-7/2) Week 6 (7/26-7/30)	): 	
Does vour chil	ld have any allergies, m	edical. or soci	ial conditions of which we sho	ould be aware?			
☐ Yes ☐ No If yes, please contact the Camp Di							
I/we hereby give peri del Oro Sports Club a during (or after) the a under whatever cond	nd its owners, employees activity. In the event of ar litions are necessary to pr	and agents, f emergency, I eserve the life	rom any and all liability, costs of give consent for medical care p and well-being of my child. Ph	r damages whic rescribed by a li otos or videos ta	b. In consideration for participation in the hard arise as a result of accident, injucensed doctor of medicine or dentistry aken of my child(ren) while involved in the for this usage. I HAVE READ THIS W	ry or illness sustained This care may be given the activity may be	

Parent/Legal Guardian

AVAILABLE TO ME OR MY MINOR CHILDREN.

Date

LIABILITY AND UNDERSTAND THAT BY SIGNING IT, I, FOR MYSELF AND MY MINOR CHILDREN, AM GIVING UP LEGAL RIGHTS AND/OR REMEDIES WHICH OTHERWISE MIGHT BE



