

AGREEMENT TO UTILIZE CHANGING TIDES FOR ENROLLMENT INTO ARCATA RECREATION PROGRAMS

Parent / Guardian Name: _____ Phone #: _____

HH#

Child Name(s): _____

Before giving your signature, please read carefully and initial the following information:

___ In compliance with Arcata Recreation's Cancellation/Refund Policy:

- All cancellations must be submitted in writing at least two weeks prior to the start of camp.
- All camp cancellations incur a \$20 Processing Fee. **You're responsible for this fee, not Changing Tides. Your card on file will be charged immediately for the \$20 fee.**

- **Cancellations made with less than two weeks notice will be charged full price.**

- Failure to communicate any changes, may result in being billed for a camp your child did not attend.

- If your camper does not attend camp for two consecutive days, *without written notification to the Recreation Office (emails are preferred)*, your camper will be cancelled from all remaining camps.

___ **It is your responsibility to sign/date your monthly Attendance Form. Forms must be dated for the last day of care for the month.** Failure to sign your Attendance Form in a timely manner may result in you being responsible for payment in full. At the end of each month we will process and submit your attendance form to Changing Tides for payment.

___ Arcata Recreation does not pro-rate for absences/missed days. You will be billed for a full week even if your child does not attend camp. Be sure to communicate via email, the appropriate "Reason Codes" to explain any absences on your Changing Tides Attendance Form. Email: rec@cityofarcata.org

___ If Changing Tides does not cover the full cost of your enrollment for any reason, **you are responsible to pay the remaining balance due.** You will be invoiced and given 30 days to pay.

___ If payment is not made in full within the 30 days given, **your credit card on file will be charged.**

IN THE EVENT THERE IS A BALANCE DUE AFTER CHANGING TIDES PAYMENTS HAVE BEEN MADE, I AUTHORIZE THE CITY OF ARCATA RECREATION DIVISION TO CHARGE MY CREDIT CARD. IF ARCATA RECREATION IS UNABLE TO PROCESS MY CREDIT CARD PAYMENT, I WILL BE RESPONSIBLE FOR AN ALTERNATIVE PAYMENT ARRANGEMENT AND ANY LATE FEE WHICH MAY RESULT.

Credit Card type:

Credit Card number:

Expiration:

Billing Zip Code:

VISA MASTERCARD

_____/_____/_____/_____

_____/_____/_____

Cardholder's name:

Cardholder's Billing Address:

(AS IT APPEARS ON CREDIT CARD)

(INCLUDE CITY AND ZIP CODE)

I ACKNOWLEDGE THAT I HAVE READ AND AGREE TO ALL OF THE ABOVE. ALL INFORMATION GIVEN IS COMPLETE AND ACCURATE.

Parent/Guardian Signature

Today's Date