



Inspiring all girls to be strong, smart, and bold

Girls Inc. of Greater Santa Barbara Summer Gymnastics Camp Registration Form 2017

Child's Name (First & Last): _____ Age: _____ DOB (mm/dd/yyyy): _____

Gender: F M Parent/Guardian Name (Please Print): _____

Phone: _____ Email: _____

Please List Any Allergies or Medical Considerations: _____

Summer Camp Options:

Full Day Camp 9am-3:30pm (Girls & Boys Ages 5-12): \$220.00

Extended Care 3:30pm-5:00pm: \$30.00 per week (no proration)*

**Note: There will not be additional gymnastics instruction during extended care. Children will be able to color, play board games, etc.*

Select Weeks

Full Day

- Week #1: June 12-June 16 Abracadabra!
- Week #2: June 19-June 23 Springing into Summer
- Week #3: June 26-June 30 Down on the Farm
- Week #4: July 3-July 7 (Prorated to \$176 for 4th of July) Stars & Stripes
- Week #5: July 10-July 14 Race into Space
- Week #6: July 17-July 21 Surf's Up!
- Week #7: July 24-July 28 Where the Wild Things Are
- Week #8: July 31-August 4 Viva La Fiesta
- Week #9: August 7-August 11 Passport to Fun
- Week #10: August 14-August 18 Rock-N-Roll

Do you need Extended Care from 3:30pm-5pm (\$30/week)?

- No, Thank you.
- Yes, I would like to sign up for Extended Care for the Following Weeks: _____

Authorized Picked Person(s):

1. Name: _____ Relationship: _____ Phone: _____
2. Name: _____ Relationship: _____ Phone: _____

IMPORTANT: All payments are non-refundable and are due at the time of registration. Your spot will not be reserved until payment is received. All participants must have a current 2017 Registration Application on file.

I have read all of the camp policies attached to this page. I understand that all payments are non-refundable, and credits will not be offered for days my child is absent.

Parent/Guardian Signature: _____ Date: _____

----- **FOR OFFICE USE ONLY** -----

CHILD #1: _____ Payment: Check # _____ Cash Visa MasterCard
Amount: _____



Girls Inc. of Greater Santa Barbara Gymnastics

IMPORTANT GYMNASTICS CAMP POLICIES

We are excited to have your child enrolled in our Summer Gymnastics Program at Girls Inc. of Greater Santa Barbara. Our gymnastics facility is located at 531 E. Ortega St. in downtown Santa Barbara. For any questions please call our office 805-963-4492 or email us at gymoffice@girlsincsb.org.

DROP-OFF/PICK-UP:

- The earliest arrival and drop off time is 8:45AM. We reserve the first 15 minutes of camp (9-9:15AM) as a check-in period each day. During this time we ensure we have release forms on all children, we make sure everyone is wearing proper attire, and cover gymnastics safety rules.
- All campers must be picked up promptly at 3:30PM. If you are going to be late please inform the
- Gym office. For campers picked up after 3:30PM we reserve the right to charge a \$15.00 late pick-up fee.
- Please sign your child in and out both at drop-off and pick up. Girls Inc. requires a full signature when signing a child in or out and **only authorized people with identification may pick up your child**. Please make sure to keep your emergency contacts list current and indicate who will be picking up your child on the sign-in sheet.
- If you need to pick your child up early please notify the Gym Office in advance. Early pick up is permitted, however your camper may miss out on our weekly show practice and performance.
- We offer Extended Dare from 3:30-5PM. You must sign up for Extended Care in advance. Additional fees apply for signing up for Extended Care late/past the deadline.

PROPER ATTIRE:

- Proper attire is required for all campers. All campers must wear a leotard or appropriate athletic clothing. NO jeans, buttons, zippers, baggy clothing or jewelry (earrings, small necklaces, etc.)
- Hair shoulder length or longer must be securely fastened for class. No headbands or bulky hair accessories.
- Bare feet only during camp. No tights, socks, or shoes should be worn. We do ask that children bring tennis shoes, sunblock, and a jacket for activities that will take place outside.
- For liability reasons, gymnasts will not be allowed to participate in camp if they are not wearing the appropriate attire. Leotards can be purchased in the Gym office.

CAMP FOOD/ LUNCH:

- There will be two snack breaks throughout the day and a lunch break. Girls Inc. will provide basic snacks, but lunch will not be provided. Please pack your child a sack lunch. If your child has any dietary restrictions please also pack your own snacks. We ask that campers do not share food with each other.

EQUIPMENT:

- Nobody (Campers, parents, siblings, friends, etc.) is permitted on the equipment before or after camp. During break times campers may color, read, or play board games.

REFUNDS/CREDITS/CHARGES:

- Refunds and credits are not given for days your child is absent or for any schedule changes made after May 15th.
- Girls Inc. will charge an additional fee of \$25 for any and all bounced checks or declined credit cards.

CAMP END-OF-WEEK PERFORMANCE:

- For full-day campers we have an end-of-week camp performance. Campers will have time at the end of each day to create a short routine to perform either solo or in small groups. We invite parents to attend our show on Friday from 3-3:30PM.



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Girls Inc. of Greater Santa Barbara Membership Form

<input type="checkbox"/> Goleta Valley Center
<input type="checkbox"/> Santa Barbara Center
<input type="checkbox"/> Gymnastics

Today's Date ___/___/___

MEMBER INFORMATION:

Child's Name (First, Middle, Last): _____ Date of Birth: ___/___/___ Age: _____

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

Home Phone: _____ School: _____ Grade: _____ Home Language: _____

Race/Ethnicity/Cultural Background (circle):

Asian American/Pacific Islander	Black/African American
Latina/Hispanic/Latin American	White/European/Anglo
Native American/American Indian	Multiracial

Did your child advance to the next grade level in the most recent school year? (circle) YES NO

PARENT/GUARDIAN INFORMATION:

Name: _____ Relationship: _____ Work Phone: _____ Cell: _____

Place of Work: _____ Occupation: _____ Email: _____

Name: _____ Relationship: _____ Work Phone: _____ Cell: _____

Place of Work: _____ Occupation: _____ Email: _____

TELL US ABOUT YOUR CHILD:

Please provide any specific information (e.g., behavioral, emotional, cognitive, and/or social) that will assist us in ensuring we provide her/him with the most supportive care possible:

PERSONS AUTHORIZED TO PICK UP CHILD / EMERGENCY CONTACTS (Other than parents):

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

HOUSEHOLD:

Approximate annual income (circle): Less Than \$10,000 \$10,000 - \$15,000 \$15,000 - \$20,000 \$20,000 - \$25,000
 \$25,000 - \$30,000 \$30,000-\$40,000 \$40,000-\$50,000 \$50,000-\$60,000 \$60,000-\$70,000 \$70,000-\$80,000
 \$80,000-\$90,000 \$90,000-\$100,000 Over \$100,000

Member lives with (circle): Two Parents Mother Only Father Only One parent at a time (joint custody) Neither Parent
If Joint custody, please explain: _____

Family Size _____ Total Adults _____ Total Children _____

I hereby give permission for my child to become a member of Girls Inc. of Greater Santa Barbara. I understand my child will participate in a variety of indoor and outdoor activities, programs, and classes and that Girls Inc. of Greater Santa Barbara staff will take every precaution to provide these activities in a safe manner and environment.

Parent/Guardian Signature: _____ Date: _____



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Girls Inc. of Greater Santa Barbara Medical Form

Child's Name (First, Last): _____ Date of Birth: ___/___/___ Age: _____

HEALTH HISTORY:

Child is Subject to:

- Colds YES NO
- Sore Throat YES NO
- Fainting Spells YES NO
- Muscle Sprains/Strains YES NO
- Bronchitis YES NO
- Convulsions/Epilepsy YES NO
- Cramps YES NO
- Allergies YES NO

Child Has or Has Had:

- Heart Trouble YES NO
- Asthma YES NO
- Lung Trouble YES NO
- Broken Bones YES NO
- Sinus Trouble YES NO
- Hernia (Rupture) YES NO
- Appendicitis YES NO
- Surgery of any Kind YES NO

Is the child currently under any type of medical treatment? YES NO

Please Explain "YES" answers:

Please list all medications the child is presently taking:

<u>Name of Medication</u>	<u>Dosage</u>	<u>Times Taken</u>	<u>Prescribing Doctor</u>
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Please list any allergies, dietary restrictions, and/or drug reactions:

Please list any physical disabilities that may limit your child's activities at Girls Inc. (eyesight, hearing, speech, paralysis, diabetes, ulcer, etc.):

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Does your child have medical insurance? YES NO Name of Provider: _____

Does your child have dental insurance? YES NO Name of Provider: _____

Permission to Apply Sunscreen:

I authorize Girls Inc. of Greater Santa Barbara to apply sunscreen to my child: YES NO

If No, I understand I am responsible for applying sunscreen to my child before attending Girls Inc. and sending sunscreen from home. _____ (initial)

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

OFFICE USE ONLY: Scholarship Level: _____ Referred By: _____



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Girls Inc. of Greater Santa Barbara Release of Liability & Waiver of Liability

Child's Name (First, Last): _____ Date of Birth: ___/___/___ Age: _____

Parent/Guardian: Please read the following Release / Waiver of Liability fully and be certain you understand it before signing below.

Assumption of full responsibility for all risks of bodily injury, death, or damages: As a parent or legal guardian of _____ (your child's name), I hereby consent to his/her participation in the programs offered by Girls Inc. of Greater Santa Barbara ("GIGSB"). I understand that participation in activities at GIGSB may result in unavoidable injuries including, but not limited to, muscle or other soft tissue strains, sprains and tears, broken bones, and severe injuries such as paralysis or even death. _____ (initial)

Girls Inc. of Greater Santa Barbara Gymnastics Only: Various factors and causes, known and unknown could cause these injuries, which include, but are not limited to, the heights of the equipment and the body during certain movements, rotation of the body, and movement of the body, in a unique environment. I am fully aware of the inherent risks involved in gymnastics, trampoline, dance, and all other physical activities offered by GIGSB Gymnastics and I am aware of the possibility of injury from participating in the aforementioned activities. _____ (initial)

Notification: In case of injury or any situation that would require medical attention during or by reason of a GIGSB program or excursion, it is understood that a conscientious effort will be made to notify the child's parent or guardian before medical attention or other necessary action is taken. If it is impossible to locate a parent or guardian, the expense of this service will be accepted by the child's parent or guardian on record. In the event that such medical treatment is necessary, I agree to release GIGSB from any liability in connection with such medical treatment. _____ (initial)

Waiver of Liability: In consideration for allowing my child to participate in activities offered by GIGSB. I, my heirs and assigns, next of kin, and all others acting on my behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kind or nature whatsoever which I have, or my child has against GIGSB or any agent, employee, representative or other acting on their behalf and to indemnify, defend and hold harmless Girls Inc. or any agent, representative or other acting on their behalf for any injuries suffered as a result of engaging in those activities offered by GIGSB. I hereby release GIGSB and any agent, employee, representative or other acting on their behalf from liability for ordinary negligent conduct that may occur in the future. _____ (initial)

Should any part or parts of this agreement be held null and void, the balance of the agreement shall remain valid and maintain its full force and effect. This acknowledgement of risk and WAIVER OF LIABILITY has been read by me and understood completely and signed voluntarily. I am 18 years of age or older. _____ (initial)

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Girls Inc. of Greater Santa Barbara TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://cclid.ca.gov/contact.htm>.



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Girls Inc. of Greater Santa Barbara

How Did You Hear About Us?

- Goleta Valley Center
- Santa Barbara Center
- Gymnastics

Please complete this form **ONLY** if you are enrolling for the first time, or after six months or more away.

Date: _____ Name of Child: _____

Enrolling for: Fall Winter/Camp Spring/Camp Summer/Camp

Enrollment Status: First Time Enrolling Re-Enrolling (after 6 months or more out of program)

Local Sources (please check all that apply):

- A Friend/Word of Mouth Friend's Name: _____
- Girls Inc. Youth Bus/Van
- School (please specify school name and contact): _____
- Work/Place of Business (please specify): _____
- Flyer (please specify location): _____
- Community Event (please specify event): _____
- Girls Inc. Event (please specify event): _____

Internet/Online (please check all that apply):

- Girls Inc. Website Internet Search SB ParentClick.com Facebook
- Girls Inc. E-Mail YouTube LinkedIn Instagram
- EdHat Yellow Pages Online Yelp Twitter
- Pinterest Noozhawk Other (describe): _____

Print/Media (please check all that apply):

- Santa Barbara Independent Santa Barbara News-Press Santa Barbara Family & Life
- Santa Barbara Sentinel
- Television (please specify station): _____
- Radio (please specify station): _____
- Other (please specify): _____



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Media Release for a Minor

Child's Name (First, Last): _____ Date of Birth: ___/___/___ Age: _____

Parent/Guardian: This is a release of Legal Rights. Please read it carefully and be certain you understand it before signing below. A separate media release must be signed for each child within the same family.

I am the legal parent/guardian of (child's name) _____ ("My Child"). I hereby give unrestricted permission for My Child to be photographed and/or videotaped by Girls Inc. of Greater Santa Barbara ("GIGSB") or its representatives. I understand and agree that the photographs and/or video containing the image, likeness and/or voice of My Child, in whole or in part, may be used in the production of instructional and/or promotional materials produced by or on behalf of GIGSB, and that such materials may be distributed or broadcast to the public and displayed publicly.

I also understand that my permission to use the photographs or video is for an unlimited duration and that neither I nor My Child will receive any compensation or other consideration for granting this permission for the use by GIGSB.

I hereby grant GIGSB, and its agents the absolute right and permission to use My Child's image/likeness/voice and/or photographic portraits, pictures, digital images, stories, quotes, audio, or video of My Child, or reproductions thereof or otherwise for any lawful purpose, whatsoever, including but not limited to use in any GIGSB promotion through publication, website, social media, video, interview, event and/or advertising.

I hereby waive any right that I may have to inspect and/or approve the finished project or the copy that may be used in connection therewith, wherein My Child's likeness appears, or the use to which it may be applied.

I understand that I will need to notify GIGSB in writing if any changes to my situation occur that will impact this media release. I understand that any changes in consent will apply from the date of receipt of that written notification moving forward and cannot be applied retroactively to previously created photographs, stories, quotes and the like, and/or any promotional materials.

- CONSENT: I hereby certify that I am the legal parent(s) or guardian(s) of the above named child and do hereby give my consent without reservation to the foregoing on behalf of My Child.
- NON-CONSENT: I hereby certify that I am the legal parents or guardians of the above named child and do **not** hereby give my consent without reservation to the foregoing on behalf of My Child.

I am at least 18 years of age and am fully competent to sign this release.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

Phone: _____



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Girls Inc. of Greater Santa Barbara Gymnastics

CODE OF CONDUCT

Equipment: Use of equipment or play in the pit is not permitted without the supervision of a Girls Inc. Gymnastics Instructor. _____ (initial)

Tardy Policy: Children who are more than 10 minutes late will not be allowed to participate in class for that day due to safety and liability reasons for missing warm-up. For gymnasts who are less than ten minutes late, but are continually late, they will not be allowed to participate in class upon a fourth tardy, as late arrivals are very disruptive for the instructors and the other gymnasts. _____ (initial)

Before Class: Children are to remove their shoes and socks and wait in the viewing room until the Gymnastics Instructor indicates it is the start of class. _____ (initial)

During Class: All children are expected to listen to their instructor when s/he is talking. This ensures that all children are able to clearly hear the directions provided. Children are expected to participate in the class for the entire class period. If a child needs to use the restroom, it is very important s/he lets the instructor know, at which time the child will be excused to use the restroom. _____ (initial)

At All Times: Being respectful of other gymnasts, gymnastics instructors and Girls Inc. staff is expected of every gymnast. Ignoring instruction because a gymnast does not feel like doing something the instructor has asked is considered disrespectful. Coaxing other gymnasts into becoming disrespectful will not be tolerated. The instructors are here to help your child be the VERY BEST s/he can be. _____ (initial)

Stretching and Conditioning: Children are expected to stretch and condition as directed by their instructor. Stretching and conditioning are vital to a gymnast's progress and helps prevent injuries. _____ (initial)

After Class: Each instructor will notify their gymnasts when class is over, at which time it is appropriate for gymnasts to return to the preparation area to put their shoes and socks back on. _____ (initial)

Observers: Parents, siblings & visitors are **NOT** permitted on equipment at **ANY** time. Bleachers or the viewing room is provided for your convenience. Parents or caregivers are responsible for keeping children off equipment before, during or after class. _____ (initial)

Parking: Never park in the "NO PARKING ZONE" this area must remain clear at all times! Plenty of street parking is available. Please do not use the "no parking zone" to load or unload. _____ (initial)

These expectations have been established to ensure that all who participate in the Girls Inc. of Greater Santa Barbara Gymnastics Program may do so in a safe environment and may enjoy a positive and enriching experience. By signing the below, I agree that my child and I will adhere to the policies set out by Girls Inc. of Greater Santa Barbara Gymnastics.

Parent/Guardian Signature: _____ **Date:** _____



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Girls Inc. of Greater Santa Barbara Gymnastics

ADMISSIONS AGREEMENT

Registration: Registration for classes is on a first-come first-served basis. Once you enroll in a class in a given season (Summer, Fall, Winter/Spring) you will be automatically registered for the same class for each additional session within that season thereafter. You must re-enroll for each new season. Registration fees are charged upon initial registration and collected once each calendar year. There is no registration fee for winter, spring, or summer camps. _____ (initial)

Payments: All payments are due one week prior to the 1st week of the 4 week session. A child may be dropped from their class if payment is not received. Payments for camps are due upon registration. Spaces for classes or camp will not be reserved until payment is received. _____ (initial)

Refunds and Credits: Refunds and credits will not be given for the days that child(ren) are absent except in cases of extreme emergency. By signing the Admissions Agreement you are reserving space for you child even when your child is absent. Parents must contact the Gymnastics Director to request exception for this policy based on emergency situations. _____ (initial)

Drop Policy: Written notice submitted a minimum of 10 days prior to a new session beginning is required to drop a class with out being charged. Any child who drops without written notice will be charged a \$15.00 Late Drop Fee. A child who has not attended class for two consecutive weeks and has an unpaid account will be dropped for non-payment, and will be charged a re-enrollment fee. _____ (initial)

Late Pick-Up: For each ten minutes or portion thereof that you pick up your child past the end of his/her gymnastics class or camp you are subject to be charged \$5. In addition, after thirty minutes we are required to contact the local police. Please initial that you understand this policy. _____ (initial)

Discipline Policy: Girls Inc. promotes self-discipline and tries to establish rules which are sensible and help each child to feel safe and secure. When a child breaks a rule, she/he is first given a warning. If the behavior continues, the child will receive a written notice, needed to be signed by the staff, Gymnastics Director and the parent. If a child continually breaks a rule or is abusive or disrespectful of others, a parent conference will need to take place and probation or suspension may become necessary. Girls Inc. believes foul language, hurting others, and being disrespectful are not appropriate behaviors and will not be tolerated. _____ (initial)

By signing below, I agree to all rules stated above and that I'm in receipt of the Girls Inc. Gymnastics "Code of Conduct". _____ (initial)

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____



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Girls Inc. of Greater Santa Barbara Gymnastics Payment Form

Today's Date: _____ Child's / Children's Names: _____

My Session fee(s) is/are \$ _____.

My Annual Registration fee is \$50.00 per child.

My Total Due is \$ _____.

Please Indicate Your Payment Preference:

Please note: We require a credit or debit card on file for all gymnasts attending classes. If you indicate the check or cash payment option, you still must put a card on file as a backup. All payments are due prior to the start of a new session by the fourth week of the current session.

Check of Cash (I understand that if my check or cash payment is not received prior to the start of the session, my credit card will be charged the balance due. _____ (Initial))

Visa **MasterCard**

Card #: _____ Expiration: _____ (MM/YY)

Name as it appears on card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I understand that payments will be charged the week prior to the start of the new session. No credits or refunds will be offered for absences or for classes dropped without notice.

I authorize Girls Inc. of Greater Santa Barbara to charge my credit card as indicated above. I acknowledge that to revoke this authorization I must submit a class drop form at least 10 days prior to the new session. I will be charged a \$15 Late Drop Fee if I fail to provide such notice.

Parent/Guardian Signature: _____

FOR OFFICE USE ONLY				
Child #1:	Class:	Day(s): M, T, W, TH, F, S	Time:	Price:
Child #2:	Class:	Day(s): M, T, W, TH, F, S	Time:	Price:
Child #3:	Class:	Day(s): M, T, W, TH, F, S	Time:	Price: