



The Local's Resort | Tennis, Fitness, Friends, Fun

## Summer Camp Registration Form – Non-Members

Submit form to the CVAC Concierge. Make checks payable to Carmel Valley Athletic Club.

Parent/Guardians Full Name: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F

Date of Birth (xx/xx/xx): \_\_\_\_\_ Grade: \_\_\_\_\_ Shirt:  XS  S  M  L

Swimming Ability:  None  Beginner  Intermediate  Advanced

Splash participants must have basic swimming knowledge.

Tennis Ability:  None  Beginner  Intermediate  Advanced

Please check the camp your child will be attending:

Tennis Camp

Monday-Friday: 9:30 AM – 4:00 PM

\$475 / week

Summer SPLASH

Monday-Friday: 9:30 AM – 4:00 PM

\$475 / week

Otter Camp (Ages 4+)

Monday-Friday: 10:00 AM – 4:00 PM

\$370 / week before May 1

\$390 / week after May 1

\$35 lunch / week (optional)

\$35 lunch / week (optional)

*Please bring a bag lunch*

\$999 Flex Pass: 10 single day passes that can be used on any day and at any summer camp.

If you are registering for individual Junior Tennis Academy sessions, please check one:

Morning Clinics

9:30 am to 1:00 pm

\$399 / week

Afternoon Clinics

2:00 pm to 4:00 pm

\$250 / week

Please check the sessions your child will be attending (skip this section, if you are purchasing a Flex Pass):

June 3 – 7 (Otter Camp only)

June 10 – 14

June 17 – 21

June 24 – 28

July 1 – 5 (No Camp on July 4)

July 8 – 12

July 15 – 19

July 22 – 26

July 29 – August 2

August 5 – 9 (Otter Camp only)

If you are interested in before or after care, please check one or both of the following:

Before Care: 8:00 am to 10:00 am

\$10 / hour

After Care: 4:00 to 6:00 pm

\$10 / hour

Cancellation Policy: Deadline to receive a refund for your registration is 7 days before the camp start date.



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## CVAC Junior Program Waiver and Release of Liability & Assumption of Risk

I, the Guest, on my own behalf, and behalf of all others who are listed as Guests under this Agreement (including my unborn and / or minor children, and my and their personal representatives, assigns, successors, heirs, and next of kin) (collectively the "Guests"), acknowledge, recognize, and agree that the use of the equipment and the facilities of CVAC, Inc. ("CVAC") involves a risk of physical injury, including that caused by the negligence of myself or CVAC, its agents and employees. The Guests hereby agree to assume the risk of injury in its entirety regardless of the cause. The Guests understand and agree that if they engage in any physical exercise or activity or use any CVAC facility or any of its affiliates or related entities, they do so at their own risk and assume the risk of any and all injury and / or damage while engaging in any physical exercise or activity or use any club facility on the premises. The Guests' assumption of risk includes, without limitation, their use of any exercise equipment (mechanical or otherwise), the locker rooms, sidewalks, parking lots, stairs, pool areas, whirlpools, saunas, steam rooms, lobby areas, or any equipment at the CVAC facility. The Guests agree to assume the risk in their participation in any activity, class, program, instruction, or CVAC sponsored event. The Guests agree that they are voluntarily participating in the aforementioned activities and using the CVAC facilities and premises and assume all risk of injury, illness, damage, or loss to the Guests or their property that might result, including, without limitation, any loss or theft of any personal property, including injuries or damage that might result from the negligence of CVAC or any of its affiliates, employees, agents, representatives, successors, and assigns.

Guest listed agrees on their own behalf (including their unborn and / or minor children, and their personal representatives, assigns, successors, heirs, and next of kin) to release and discharge CVAC (and our affiliates, employees, agents, representatives, contractors, successors, and assigns) from any and all claims or causes of action (known and unknown) arising out of the negligence of CVAC or any of its affiliates, employees, agents, representatives, contractors, successors and assigns. This waiver and release of liability includes, without limitation, injuries which may occur as a result of (a) the Guests' use of any exercise equipment or facilities which may malfunction or break; (b) CVAC's improper maintenance of any exercise, facilities, or premises; (c) CVAC's negligent instruction or supervision, including personal training; (d) Guests' use of child care services; and (e) Guests slipping and falling while on or in the facility or any portion of the premises for any reason, including CVAC negligent inspection or maintenance of its facility. By the execution of this agreement, the Guests hereby agree to indemnify and hold harmless CVAC and its employees and independent contractors from any loss, liability, damage, or cost CVAC may incur due to their presence at the CVAC facility. The Guests further expressly agree that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

The Guests authorize CVAC or its authorized agent to consent to any medical treatment and / or hospital care (which is given to any persons listed below) under the supervision of a duly licensed physician or trained medical personnel. By signing this consent form, the Guests agree to allow those listed to participate in all CVAC activities. The Guests allow for photographs and videos to be taken, while at the club, to be used for marketing purposes. The Guests agree and understand that CVAC reserves the right to disallow guest access to CVAC's facilities at its sole discretion for any reason whatsoever.

The Guests represent and warrant that they are in good physical condition, and have nothing preventing them from engaging in active or passive exercise or from any activity or service offered by CVAC.

If a provision of this agreement is held to be unenforceable, the other provisions shall remain in full force and effect.

**GUEST: YOU ACKNOWLEDGE THAT YOU HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY, AND AGREE THAT BY EXECUTING THIS WAIVER AND RELEASE YOU ARE GIVING UP YOUR RIGHT TO BRING LEGAL ACTION OR ASSERT A CLAIM AGAINST CVAC FOR ITS NEGLIGENCE, OR FOR ANY DEFECTIVE PRODUCT ON ITS PREMISES. YOU HAVE READ AND VOLUNTARILY SIGNED THIS WAIVER AND RELEASE & ASSUMPTION OF RISK ON YOUR OWN BEHALF AND ON BEHALF OF ANY MINORS.**

Child's Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_

Relationship to Guest \_\_\_\_\_ Date \_\_\_\_\_



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## Emergency Medical Information

Please Print Clearly

Child's Full Name: \_\_\_\_\_ Date of Birth (xx/xx/xx) \_\_\_\_\_

Parent/Guardians Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Parent/Guardians Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Emergency Contact (must have consent to pick up your child if necessary):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Medications: \_\_\_\_\_

Important Medical History: \_\_\_\_\_

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of CVAC, Inc. and I am not reasonably available by telephone to give consent. This authorization is effective during the length of the contract.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Agency Representative/Guardian Signature



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### Credit Card Authorization Form

Camper's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

I am a CVAC Member, please charge my account.

*If you checked the above box, skip the Card Information section.*

#### Card Information

Visa     Mastercard     Discover Card     American Express

Card Number: \_\_\_\_\_

Expiration Date \_\_\_\_\_ CID # (Back of the card) \_\_\_\_\_

CVAC and its camp programs reserve the right to charge any late payments to the card listed above. All statements and receipts will be emailed to the address above.

I, \_\_\_\_\_, hereby authorize the CVAC, Inc. to charge my Credit Card Account for the CVAC Junior Tennis Program.

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature