



THE CLUB
AT THE CLAREMONT

2025 COUNSELOR IN TRAINING CAMP REGISTRATION

*Please indicate the dates you would like your child to attend camp as well as pre/aftercare. If attending pre/aftercare please mark # of days:

Camper(s) Full Name: _____

Age(s): _____ Date of Birth: _____ School: _____

Are you a Member? Y/N _____ If Yes - Member #: _____

How did you hear about us? _____

Parent/Guardian Full Name: _____

Address: _____

Contact Info: _____ Cell phone: _____

Additional phone: _____

Email: _____

Personnel authorized to _____ Full name: _____ Cell Phone: _____

pick up child (must present ID): _____ Full name: _____ Cell Phone: _____

Emergency Contact: _____ Full name: _____ Cell Phone: _____

Additional Phone: _____ Relationship to child: _____

Please note any special info here _____

(allergies, health conditions, etc.) _____

CIT CAMP FEES & HOURS

Full day (9am - 3pm)	Members	Non-Members
1 Week	\$650	\$790
2 Weeks	\$615	\$780
3 Weeks	\$600	\$765
4 Weeks	\$575	\$740

Pre & After Care

Pre/aftercare is purchased as a package and there will be no reimbursement for unused time.

Times	AM	PM	AM & PM
	8am - 9am	3pm - 4pm	
Daily Price	\$20	\$20	\$40

WEEK	Children 11 to 15 years old	#Of Days	Pre Care	After Care
WEEK 1:	June 9th - 13th Gaming			
WEEK 2:	June 16th - 20th Superhero week			
WEEK 3:	June 23rd - 27th Space week			
WEEK 4:	June 30th - July 4th KC Olympics <i>*4 day week due to closing on 4th of July</i>			
WEEK 5:	July 7th - 11th Medieval week			
WEEK 6:	July 14th - 18th STEM			
WEEK 7:	July 21st - 25th Theater week			
WEEK 8:	July 28th - August 1st Science week			
WEEK 9:	August 4th - 8th Culinary week			
WEEK 10:	August 11th - 15th Fantasy week			
WEEK 11:	August 18th - 22nd Wilderness			

Camp Details

- If you cancel before the start date of camp, a full refund will be issued. If you fail to cancel before the start date of camp, you will not be issued a refund. The start date refers to the Monday of each week.
- Any cancellations due to illness must be accompanied by a doctors note for full refund. Cancellations due to illness without doctor's note will forfeit 50% of the refund.
- All camp attendees must provide a release of liability form upon arrival at camp.
- For any inquires, or to make payment arrangements please contact: kidsclub@claremontresort.com or (510) 898-0037

I have read and agree to the above policies: Signature: _____ Date: _____



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RELEASE OF LIABILITY AND WAIVER RIGHTS

Please read carefully before signing. This document has legal significance

1. I hereby represent that I am the parent and/or legal guardian of (my "Child") and that I am at least 18 years of age. I expressly assume all risks associated with my Child's participation in The Claremont's Tennis Camp and/or Youth Tennis Programs (the "Program"). My Child may participate in any and all activities (e.g. water activities, arts and crafts, exercise, playing and eating, etc.) that may be made available to him/her, without limitation, unless otherwise specified below. I acknowledge that the risks associated with my Child's participation in the program may, at times, be hazardous. I further understand and acknowledge that the Program may include activities and fieldtrips that require transportation and/or walking to an off-site location.

2. In consideration of receiving my permission to have my Child participate in the Program, I agree, to the fullest extent permitted by law, to release, defend, and hold harmless Fairmont Raffles Hotels International (FRHI), The Claremont Resort, its subsidiaries and affiliates, their respective agents, officers, directors, owners, contractors and employees (collectively, the "Released Parties") from any and all claims, actions, costs and damages that I and/or my Child might claim against the same as a result of any physical injury to my Child, including death, or property damage of any loss sustained in connection with the Program, without limitation. I also agree to indemnify and hold harmless the Release Parties for any and all claims brought by any third party, which I and/or my Child may cause while my Child is participating in the Program.

3. I accept total responsibility for any and all medical expenses (including transportation to and from any medical facility) that my Child incurs while participating in the program. My Child's health insurance carrier is _____ (Please provide policy and/or group number). I also authorize FRHI to seek immediate medical attention for my Child if it deems appropriate, in its sole discretion.

4. Unless otherwise specified below, I represent to FRHI the following: (i) my Child is in good health and is able to participate in any and all activities that the Program offers to children of his/her age groups, (ii) my Child has no special needs and does not require any special care or attention, (iii) my Child has no physical and/or mental condition (e.g. allergies, asthma, hypertension) that warrants special attention, care or instruction, such as restricting his/her activities of food in-take, and (iv) my Child is not currently taking any prescription or over the counter medications, except as follows:

5. FRHI reserves the right, in its sole discretion, to disqualify or remove my Child from participating in the Program who may require special care or exhibits inappropriate or unusual behavior.

I irrevocably grant FRHI permission to use and/or own the copyright to any photography, videotape or other likeness of my Child, which is taken while my Child is participating in the Program. Any such materials, including the publishing of my Child's name, may be used by FRHI in any medium and for any purpose whatsoever.

6. This Release of Liability and Waiver of Rights shall bind on my estate, heirs, and administrators and assigns.

I HAVE CAREFULLY READ THE FOREGOING, UNDERSTAND ITS CONTENTS AND ACCEPT ITS TERMS. I HEREBY SIGN THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Parent or Guardian: _____ Date: _____

Print Full Name of Parent or Guardian: _____