



THE CLUB  
AT THE CLAREMONT



## Claremont JDP High-Performance Academy

The Claremont Junior Development Program is led by Director of Racquet Sports, **Alec Horton DCA, RSPA Elite**, who oversees the coaching team and long-term player pathway. Alec has developed **hundreds of sectionally and nationally ranked juniors** and players progressing to **top NCAA Division I programs as well as WTA/ATP tour level players**. The Claremont Pro Staff are certified by the RSPA/PTR/ITF/USTA HP. Our program follows a consistent, age-appropriate model aligned with the **USTA Player Development Framework**. All Players in the JDP High-Performance Academy must be playing USTA/UTR tournaments regularly and should be ranked within the top 200 in the section for their age category.

*\*Please indicate desired enrollment*

---

### JDP HIGH-PERFORMANCE ACADEMY: 5pm to 7pm

Tuesday

Wednesday

Thursday

---

#### RATES:

**2 Days a Week:** Monthly \$525 Member (\$650 Non-Member)

**3 Days a Week:** Monthly \$750 Member (\$875 Non-Member)

Member #: \_\_\_\_\_ Non-Member

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Main Phone: \_\_\_\_\_

Parent's Full Name: \_\_\_\_\_ E-mail : \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

For any questions please contact the Tennis Office 510-549-8584 or email [racquetsports@claremontresort.com](mailto:racquetsports@claremontresort.com).

Please make all checks payable to: The Claremont Club & Spa



# THE CLUB

AT THE CLAREMONT

## 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.

X \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian

Print Name of Parent or Guardian: \_\_\_\_\_