



# THE CLUB

AT THE CLAREMONT

## MID-WINTER CAMP: GRADES K-5

February 16-20, 2026

Camp will feature a variety of games, arts and crafts, cooking, and swimming.

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 pick up child (must present ID):  
Full name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
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.) \_\_\_\_\_

### MID-WINTER CAMP FEES & HOURS

Full day (9am - 3pm)	Members	Non-Members	
Week	\$650	\$790	
<b>Pre &amp; After Care</b>			
Pre/aftercare is purchased as a package and there will be no reimbursement for unused time.			
<b>Times</b>	AM (8am - 9am)	PM (3pm - 4pm)	AM & PM
<b>Daily Price</b>	\$20	\$20	\$40

*\*Please indicate the dates you would like your child to attend pre/aftercare.*

MID-WINTER CAMP: Grades K-5 February 16-20, 2026	
Pre Care	After Care

### 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 dueto 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: \_\_\_\_\_



**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.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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