

SUMMER 2027 TENNIS CAMP – ages 5-14

Tennis Camp provides a fun and engaging experience for players of all skill levels, combining tennis instruction, match play, and athletic development with supervised swimming for a full day of activity and fun.

**Please indicate the desired registration and dates. Maximum 15 players per group.*
Minimum of 8 registrations required per week. Players are required to bring their own lunch.

WEEKLY REGISTRATIONS - Full Day: 9:00am - 3:00pm | Half Day: 9:00am - 12:00pm

6/07 - 6/11	6/14 - 6/18	6/21 - 6/25	6/28 - 7/02	7/05 - 7/9	7/12 - 7/16
Full ☐ Half ☐	Full ☐ Half ☐	Full ☐ Half ☐	Full ☐ Half ☐	Full ☐ Half ☐	Full ☐ Half ☐

7/19 - 7/23	7/26 - 7/30	8/02 - 8/06	8/9 - 8/13	8/16 - 8/20
Full ☐ Half ☐	Full ☐ Half ☐	Full ☐ Half ☐	Full ☐ Half ☐	Full ☐ Half ☐

To register for individual days, please contact: racquetsports@claremontresort.com

CURRENT PROGRAM LEVEL: Red ☐ Orange ☐ Green ☐ Yellow ☐ Advanced ☐

INCLUDE SWIMMING (no extra cost): yes ☐ no ☐

RATES:

Member Weekly: Full - $775 Half - $600
Member Daily: Full - $200 Half - $175
Non-member Weekly: Full - $950 Half - $720
Non-member Daily: Full - $300 Half - $225

Full billing will apply to cancellations received less than a week in advance.

Member #: _____ Non-Member: _____

Child's Full Name: _____ Age: _____

Address: _____ City: _____ Zip: _____

Home Phone: ( ) _____ Alternative Phone: ( ) _____

Parent's Full Name: _____ E-mail : _____

Emergency Contact: _____ Phone: _____

Signature: _____

For any questions please contact the Tennis Office at 510-549-8568 or email: racquetsports@claremontresort.com.



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 as-sociated 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 physi-cal injury to my Child, including death, or property damage of any loss sustained in connection with the Program, without limita-tion. 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 cur-rently 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 re-quire 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: _____