



**LAMADRONA**  
ATHLETIC CLUB

Completion of the full registration packet is required before the start of program. Please go to our website [lamadronaclub.com](http://lamadronaclub.com) to download, print and complete the packet. Registration packet and payment must be turned into the front desk to reserve your spot in the program(s). La Madrona members can register for camp online at our website.

1897 La Madrona Drive  
Santa Cruz, CA 95060  
831-438-1072



## Sport Camp



**CALIFORNIA  
ATHLETIC CLUBS**

[www.caclubs.com](http://www.caclubs.com) | [lmac.caclubs.com](http://lmac.caclubs.com)

**Camp runs from  
June 13th until August 19th**

Ages 6-13

Weekly: \$295 Member / \$375 Non Member

Daily: \$70 Member / \$90 Non Member

10% Sibling Discount

## LMAC Camp Details

### Monday through Friday 9am-3pm

Sport Camp is a high level instruction based outdoor camp that will provide children the opportunity to develop their sport skills, self confidence and self esteem.

The sport camp includes tennis, swimming, fitness, and outdoor fun!

### Directions

The Club is located at 1897 La Madrona Drive in Santa Cruz. Take Highway 1 North to Highway 17 North. Exit Pasatiempo Drive/El Rancho Road (0.2 miles), staying to the right. Make an immediate left onto El Rancho Road. Follow the road under the freeway through two stop signs.

### Drop Off/Pick Up

La Madrona parking lot near the Clubhouse. Drop off 9. Pick up 3:00. All campers should be checked in at Clubhouse.

### What to Bring

Campers should bring a backpack with lunch, bathing suits, towels, water bottle and sunscreen every day. Campers are advised to wear light color clothing such as shorts and t-shirts and wear non-marking tennis shoes. It is encouraged to bring a second change of clothing. Daily snacks and refreshments provided!

### Swim Test

All campers must complete a swim test prior to entering the pool. Campers must be able to swim one length of the pool without touching the side or the bottom. If a child is unable to swim the length of the pool they will be required to wear a life vest. Life vests are provided by LMAC.

## Contact Information



Kristina Quinn

General Manager

831-438-1072

[kquinn@caclubs.com](mailto:kquinn@caclubs.com)

## Camp Highlights

Tennis

Swim Games

Kids Fitness Games

Camp T-Shirt

Prizes and Special Awards

Lots of Outdoor Fun!

**831-438-1072**



LAMADRONA  
ATHLETIC CLUB

## 2016 SPORT ADVENTURE CAMP REGISTRATION FORM

Please complete ONE application per child. Complete entire packet for valid registration.

Participant Name: \_\_\_\_\_  
(Last) (First)

Member #: \_\_\_\_\_  
Non-member (please check): \_\_\_\_\_

Age (first day of camp) : \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Camp(s) Only:** T-shirt size (circle)  
Child S M L Adult S M L

Gender (circle): M F

Parent's Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

Authorized Individuals for pick up: \_\_\_\_\_

**In case of emergency, contact:**

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

Doctor: \_\_\_\_\_ Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

Any special concerns: \_\_\_\_\_

### Sports Camp runs each day from 9am-3pm

	Dates	Circle Selections			Cost
Week 1	June 13-17	Full Week	OR	Day Only: M T W Th F	
Week 2	June 20-24	Full Week	OR	Day Only: M T W Th F	
Week 3	June 27- July 1	Full Week	OR	Day Only: M T W Th F	
Week 4	July 4-8	Full Week	OR	Day Only: M T W Th F	
Week 5	July 11-15	Full Week	OR	Day Only: M T W Th F	
Week 6	July 18-22	Full Week	OR	Day Only: M T W Th F	
Week 7	July 25-29	Full Week	OR	Day Only: M T W Th F	
Week 8	Aug 1-5	Full Week	OR	Day Only: M T W Th F	
Week 9	Aug 8-12	Full Week	OR	Day Only: M T W Th F	
Week 10	Aug 15-19	Full Week	OR	Day Only: M T W Th F	
				Sub total	
				10% sibling discount	
				<b>Total</b>	

**Fees**

\$295 (\$375) Week

\$70 (\$90) Day

Non-member prices are listed in parenthesis

10% off the total for sibling

**Payment must be made in full to reserve spot in camp. Cancellations must be given one week in advance for refund.**

Internal Use Only:  
Pd by \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

**Express Assumption of Risk Agreement and Release of Liability and Indemnity Agreement**

I, the undersigned Parent(s), Legal Guardian(s), or Participant, on my own behalf, and behalf of all others who are listed as Participants under this Agreement, including my unborn and/or minor children, and my and their personal representatives, assigns, successors, heirs, and next of kin, (hereinafter collectively referred to as the "Participants"), acknowledge and agree that the use of the facilities, services, equipment or premises of [La Madrona Athletic Club] (the "Club") by any of the Participants involves risk of injury to persons and property, and the Participants assume full responsibility for such risks for myself/themselves. The Participants agree and acknowledge that I/they have entered into the Agreement for use for use of the Club's facilities, services, equipment, or premises primarily for recreational purposes and not to use any specific piece of equipment or training or exercise methodology. In consideration of being permitted to enter the Club's facilities for any purpose, including, but not limited to, observation, use of facilities, services, or equipment, or participation in any way, the Participants agree to the following: the Participants are authorized to, and do hereby release and hold the Club, its and their shareholders, directors, officers, parents, subsidiaries, employees, members, managers, independent contractors, and agents harmless from all liability to all the Participants, and any of my/their personal representatives, assigns, heirs and next of kin for any loss or damage sustained by any of the Participants. The Participants hereby waive any claim or demands therefore based on, or on account of, any injury or death to any of the Participants and property damages sustained by any of the Participants, whether caused by the active or passive negligence of the Club or otherwise, while any of the Participants is in, upon, or about the Club's premises, or while using the Club's facilities, services, or equipment or while participating in any Club activity at any location.

This Express Assumption of Risk Agreement and Release of Liability and Indemnity Agreement (the "Release"), includes, but is not limited to, claims based on the following: the Club's improper maintenance of its equipment (mechanical or otherwise), grounds or facilities, negligent instruction or supervision, including personal training, or inadequate security or staffing, the Participants' use of the Club's facilities, services, or equipment, and/or slipping or tripping anywhere in or about the Club or any location in which the Club operates, including, but not limited to public facilities. Such facilities include, but are not limited to: exercise equipment, exercise rooms, weight rooms, locker rooms, sidewalks, parking lots, stairs, pool, whirlpool, spa, sauna, steam room, tennis/racquet/squash courts, or lobby area. Such risk of injury includes, but is not limited to injuries arising from the participation by any of the Participants, or others in supervised or unsupervised activities at the Club, injuries and medical disorders, including, but not limited to death, heart attacks, strokes, heat stress, sprains, broken bones, and injured muscles and ligaments, among others, arising from exercising, any recreational use of any of the Club's facilities, or otherwise, or while participating in any of Club's programs, classes, or activities, and accidental injuries occurring anywhere in or about the Club, including its dressing rooms, showers and other facilities.

The Participants also agree to indemnify and hold the Club harmless from any loss, liability, damage or cost that the Club may incur due to the presence of any of the Participants in, upon, or about the Club's premises or in any way observing or using any of the Club's facilities, services or equipment, whether caused by a Guest's negligence or otherwise. The Participants further expressly agree that the Release is intended to be as broad and as inclusive as permitted by the law of the state of California, and that if any portion of the foregoing Release is held invalid by a court of law, then that portion shall be deemed stricken and it is agreed that the remainder of the Release shall continue in full force and effect without the invalid portion.

On behalf of the Participants, I acknowledge that I have carefully read this Release and fully understand that it is a release of liability, and express assumption of risk and indemnity agreement. I am aware and agree that by executing this Release, I, and all of the Participants are giving up any rights I or any and all of the Participants may have to bring a legal action or assert a claim against the Club for its active or passive negligence, or for any defective product on its premises.

I represent that I have the actual authority to, and do hereby enter into this Release on my behalf and as an authorized agent, or parent or legal guardian for all of the Participants. I have read and voluntarily signed this Release and I further agree that no oral representations, statements or inducement apart from the foregoing Release have been made to me.

Participant Name: \_\_\_\_\_

D.O.B \_\_\_\_\_

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

**Medical Authorization and Consent to Treat**

Pursuant to California *Family Code* §§ 6550 and 6910, I, \_\_\_\_\_, a parent or legal guardian having legal custody of \_\_\_\_\_, a minor child, hereby authorize [La Madrona Athletic Club] to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision, and on the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act. I agree to pay any and all costs for the foregoing. I have no knowledge of any physical or mental impairment that would affect the Participant's ability to participate in this activity.

**Acknowledgement Regarding Child Day Care Licensure**

**By signing below, I acknowledge that La Madrona Athletic Club is not a licensed child day care facility.**

\_\_\_\_\_  
**Signature**

**Date** \_\_\_\_\_