



LAMADRONA
ATHLETIC CLUB

Completion of the full registration packet is required before the start of program. Please go to our website 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 on our website.

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



Tennis Camp



**CALIFORNIA
ATHLETIC CLUBS**
www.caclubs.com | lmac.caclubs.com

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

Ages 6-13

Weekly: \$170 Members \$205 Non Members

Daily: \$45 Members \$52 Non Members

10% off the total for siblings

LMAC Camp Details

Monday through Friday 10am-1pm

Weekly Junior Tennis Camp is an exciting week of quality tennis instruction, led by tennis professionals. We will offer drills to develop or improve your child's game, as well as super fun games that will make them smile. Match play will be introduced early, thanks to 36 & 60 foot length courts and special balls, which help facilitate the student's improvement.

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. The club is on the left. From Scotts Valley and the South Bay, take Highway 17 South to La Madrona/Sims Road. Make an immediate right off of the freeway. The club is on the left side.

Drop Off/Pick Up

Drop off starts at 9:45am. All students should be checked in at the Clubhouse front desk. Students will then gather at the landing, directly below the Clubhouse deck. A camp representative will be waiting for them. Please do not drop off students at the bottom of the hill, by courts 2 or 3. Walk in registration will be made available at 9:45am.

Students may be picked up at 1:00 p.m. at the Clubhouse. Please do not pick up students at the bottom of the hill, by courts 2 or 3.

What to Bring

Tennis campers should bring a tennis racket, non-marking athletic shoes (preferably tennis), comfortable athletic clothing, cap or visor, water bottle, and natural sunscreen. Daily snacks and refreshments provided.

Age Divisions

The students will be grouped according by age initially. After a visual assessment of skill level, the students will be grouped by ability.

Contact Information



Fred Charlebois
Junior Tennis Director
fcharlebois@caclubs.com

Camp Highlights

- Fast Improvement
- Camp T-shirt
- Fun Games
- Transition Balls
- Challenge & Mini Matches
- Healthy Snacks
- Prizes & Special Awards

831-438-1072



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2016 TENNIS 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: _____/_____/_____ Gender (circle): M F

New to Program (circle): yes no If no, what color level: _____ Shirt Size (circle): Kids XS S M L XL Adult S M

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: _____

Tennis Camp runs each day from 10am-1pm

	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	
				Total	

Fees

\$170 (\$205) Week

\$45 (\$52) Day

Non-member prices are listed in parenthesis

10% off the total for siblings

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.

Date _____

Signature