

Click For Registration Forms

Click For Emergency Contact Forms

At the CVAC Summer Camp kids will explore new sports and activities every week, and create lasting memories with new friends all in the name of fun.

Dates: June 22 - August 7

Ages: 4 years and up

Hours: 10:00 am - 4:00 pm*

*Extended Care Available



CVAC Summer Camp

For more information call (831) 620-7364 or visit CVAOnline.com/SummerCamp.pdf



CVAC Summer Camp

Weekly: June 22 - August 7

Ages: 4 years and up

Members: \$250 / Non-Members: \$300

Daily activities include art & crafts, outside play, swimming, & classes in the Mind & Body Center.

CVAC Summer Camp *Plus*

Putting Around



Week 1: June 22 - 26

Week 5: July 20 - 24

Ages: 4 years and up

Members: \$350

Non-Members: \$425

Spend the week learning golf basics at Quail Lodge & Golf Club.

Call of the Wild



Week 2: June 29 - July 3

Ages: 7 years and up

Limited Space Available

Members: \$425

Non-Members: \$495

Join us for a week filled with horseback rides, wilderness hikes, & more.

Under the Sea



Week 3: July 6 - 10

Week 6: July 27 - 31

Ages: 4 years and up

Members: \$350

Non-Members: \$425

Learn to surf the waves in the Monterey Bay. Rentals included.

Let's Play Ball



Week 4: July 13 - 17

Week 7: August 3 - 7

Ages: 4 years and up

Members: \$350

Non-Members: \$425

Campers will enjoy tennis, soccer, swimming, hikes, and more.

CVAC Summer Camp *Plus* includes a weekly field trip, lunch, water bottle, and camp t-shirt



The Local's Resort | Tennis, Fitness, Friends, Fun

CVAC Summer Camp Registration Form

Please Print Clearly

Parent/Guardians Full Name: _____ Phone (Cell): _____

Phone (Work): _____ Email: _____

Address: _____ City: _____ Zip: _____

Child's Full Name: _____ Gender ☐ M ☐ F

Age: _____ Date of Birth (xx/xx/xx) _____ Grade: _____

Swimming Ability: ☐ None ☐ Beginner ☐ Intermediate ☐ Advanced

Camp *Plus* T-shirt Size: ☐ Youth ☐ XS ☐ S ☐ M ☐ L

Allergies: _____

Weekly Activities: arts & crafts, outside play, swimming, & classes in the Mind & Body Center.

CVAC Summer Camp *Plus* activities vary from week to week.

Please contact Kid's Club for a list of what to bring.

Please check the sessions your child will be attending:

- | | |
|----------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> All 7 weeks: June 22 – August 7 | <input type="checkbox"/> July 13 – 17 |
| <input type="checkbox"/> June 22 – 26 | <input type="checkbox"/> July 20 – 24 |
| <input type="checkbox"/> June 29 – July 3 | <input type="checkbox"/> July 27 – 31 |
| <input type="checkbox"/> July 6 – 10 | <input type="checkbox"/> August 3 – 7 |

CVAC Summer Camp *Plus*:

- | | |
|-------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> All 7 weeks: June 22 – August 7 | <input type="checkbox"/> July 13 – 17: Let's Play Ball |
| <input type="checkbox"/> June 22 – 26: Putting Around | <input type="checkbox"/> July 20 – 24: Putting Around |
| <input type="checkbox"/> June 29 – July 3: Call of the Wild | <input type="checkbox"/> July 27 – 31: Under the Sea |
| <input type="checkbox"/> July 6 – 10: Under the Sea | <input type="checkbox"/> August 3 – 7: Let's Play Ball |



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Emergency Medical Information

Please Print Clearly

Child's Full Name: _____ Date of Birth (xx/xx/xx) _____

Parent/Guardians Full Name: _____ Relation: _____

Phone (Cell): _____ Phone (Work): _____

Parent/Guardians Full Name: _____ Relation: _____

Phone (Cell): _____ Phone (Work): _____

Emergency Contact (must have consent to pick up your child if necessary):

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Child's Physician: _____ Phone: _____

Insurance Carrier: _____ Policy: _____

Allergies: _____

Special Needs: _____

Medications: _____

Important medical History: _____

I, _____, parent or legal guardian of _____,
do hereby consent to any medical care and the administration of anesthesia determined by a
physician to be necessary for the welfare of my child while said child is under the care of Carmel
Valley Athletic Club and I am not reasonably available by telephone to give consent. This
authorization is effective during the length of the contract.

Signature of parent/Guardian(s) _____ Date: _____