



Club Sport Fremont Summer Camp 2016

Please fill both sides completely. One form per participant. Return completed form to Activities Desk.

***Cancellation Policy:** A two-week notice is required in order to receive a full refund less a \$30 processing fee. Cancellations must be submitted to program marketing director Jamie Meafo at Jamie.meafo@clubsports.com. No refunds will be given due to a missed day if you fail to cancel prior to two weeks.

Camp Registration

Date Rec'd: _____

Time Rec'd: _____

Indicate your choice on the table below:

A) Morning or Afternoon Session

B) Choose camp dates

Early Bird Discount: Register by May 31 to receive 10% off registration price, and 10% Spa Massage booking. Register each additional child within the household for \$10 off each additional registration.

Preferred Member Standard Member Guest

(A) Summer Camp Morning Session 8:30am – 1:00pm Professional Training with Various Sports Pros

Full Week: \$170/Preferred Member, \$190/Standard Member, \$ 205/Guest
Single Day: \$45/Preferred Member, \$65/Standard Member, \$75/Guest
Extended Care: \$15 8:00am – 8:30am

(B) PLEASE INDICATE WHICH WEEK(S) AND/OR DAY(S) YOUR CHILD WILL BE ATTENDING CAMP

Jun 13 – 17, 2016	<input type="checkbox"/> Full Week	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Extended Care
Jun 20 – 24, 2016	<input type="checkbox"/> Full Week	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Extended Care
Jun 27 – Jul 1, 2016	<input type="checkbox"/> Full Week	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Extended Care
Jul 4 – 8, 2016*	<input type="checkbox"/> Full Week	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Extended Care
Jul 11 – 15, 2016	<input type="checkbox"/> Full Week	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Extended Care
Jul 18 – 22, 2016	<input type="checkbox"/> Full Week	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Extended Care
Jul 25 – 29, 2016	<input type="checkbox"/> Full Week	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Extended Care
Aug 1 – 5, 2016	<input type="checkbox"/> Full Week	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Extended Care
Aug 8 – 12, 2016	<input type="checkbox"/> Full Week	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Extended Care
Aug 15 – 19, 2016	<input type="checkbox"/> Full Week	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Extended Care

(A) Summer Camp Afternoon Session 1:00pm – 5:30pm Arts, Crafts, and Special Entertainment

Full Week: \$170/Preferred Member, \$190/Standard Member, \$ 205/Guest
Single Day: \$45/Preferred Member, \$65/Standard Member, \$75/Guest
Extended Care: \$15 5:30pm – 6:00pm

(B) PLEASE INDICATE WHICH WEEK(S) AND/OR DAY(S) YOUR CHILD WILL BE ATTENDING CAMP

Jun 13 – 17, 2016	<input type="checkbox"/> Full Week	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Extended Care
Jun 20 – 24, 2016	<input type="checkbox"/> Full Week	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Extended Care
Jun 27 – Jul 1, 2016	<input type="checkbox"/> Full Week	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Extended Care
Jul 4 – 8, 2016*	<input type="checkbox"/> Full Week	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Extended Care
Jul 11 – 15, 2016	<input type="checkbox"/> Full Week	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Extended Care
Jul 18 – 22, 2016	<input type="checkbox"/> Full Week	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Extended Care
Jul 25 – 29, 2016	<input type="checkbox"/> Full Week	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Extended Care
Aug 1 – 5, 2016	<input type="checkbox"/> Full Week	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Extended Care
Aug 8 – 12, 2016	<input type="checkbox"/> Full Week	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Extended Care
Aug 15 – 19, 2016	<input type="checkbox"/> Full Week	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Extended Care

*Please Note: There will be NO Summer Camp held Monday, July 4, 2016. There will be no makeup day for that week, and no prorated price.
-Thank you,
ClubSport Fremont Management

Participant: _____ Age: _____
Parent/Guardian Name: _____
Phone: (_____) _____
Emergency contact: _____ Phone: (_____) _____
Physician: _____ Phone: (_____) _____
Member # /Credit Card #: _____ Expiration date: _____

MINOR PARTICIPANT RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT



The undersigned hereby certifies that I am the legal parent/guardian of _____, a minor participant (hereinafter the "PARTICIPANT") in ClubSport (hereinafter the "CLUB") **Summer Camp**. In consideration of being permitted to enter the CLUB's premises and being granted access to the CLUB's facilities, amenities, services, and being permitted to participate in any of the activities at the CLUB, the undersigned:

1. Agrees that he/she will instruct the minor PARTICIPANT that he or she must adhere to the CLUB's Rules of Conduct (as published, but not limited to, its Member Handbook, Membership Agreement and posted signage) at all times when participating in any CLUB activity.
2. Agrees that any damages caused by the PARTICIPANT will be paid by the undersigned to the owner(s) of the damaged item(s).
3. Represents that the PARTICIPANT has medical coverage and has been released to participate in the activities conducted at the CLUB by his/her personal physician and understands that in the event of a medical emergency, the undersigned or the listed emergency contact person will be notified immediately, and if neither are available for consultation, grants permission to the CLUB to obtain medical treatment as deemed necessary.
4. Hereby releases, waives and discharges the CLUB, including its officers, agents, employees, managers, independent contractors, parent organizations, subsidiaries, affiliates and personnel ("Releasees") from, and agrees and covenants not to sue Releasees for, any claim, liability, or demand of any kind or on account of any personal injury, temporary or permanent disability, death, property damage, or other damages to PARTICIPANT or the undersigned, whether caused by the negligence of Releasees or otherwise, resulting from or in any way associated with the PARTICIPANT or undersigned's entry on the CLUB's premises or use of the CLUB's facilities, amenities, services, or participation in any of the activities at the CLUB whether using exercise equipment or not, whether exercising or not, or whether on the premises or not. Further, the undersigned agrees and covenants to indemnify Releasees for, and hold Releasees harmless, from any such claims, liabilities or demands.
5. HEREBY VOLUNTARILY ASSUMES ALL RISKS of personal injury, including temporary or permanent disability or death, property damage, economic losses, and/or other damages to PARTICIPANT and/or undersigned resulting from or in any way associated with the PARTICIPANT or undersigned's entry on the CLUB's premises or use of the CLUB's facilities, amenities, services, or participation in any of the activities at the CLUB whether using exercise equipment or not, whether exercising or not, or whether on the premises or not.
6. Acknowledges and agrees that this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT is intended to be, and is, a complete release of any responsibility of Releasees for personal injuries and/or temporary or permanent disability or death and/or property loss/damage sustained by the PARTICIPANT or undersigned while on the CLUB's premises or while using the CLUB's facilities, amenities, services or while participating in any of the activities at the CLUB whether using exercise equipment or not, whether exercising or not, or whether on the premises or not; and undersigned further acknowledges and agrees that it is specifically intended to and does include release, waiver, assumption of risk and indemnity as to premises liability claims such as (by example, not limitation) slip & falls and/or trip & falls at the CLUB.
7. Understands that this waiver and release is intended to be as broad and inclusive as permitted by the laws of this state and that if any portion of this waiver and release is held invalid, the balance shall continue in full legal force and effect.

The undersigned confirms that he/she has read and understands this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT and acknowledges and agrees to its terms, and signs it freely and voluntarily.

Signature of Participant if over age 12	Date
Signature of Participant's Parent or Guardian	Date
Parent/Guardian Name _____	
Home Phone _____ Work Phone _____	
Emergency Contact _____ Phone Number _____	
Participant's Name _____ Age _____	
Allergies, or any other health conditions, if any _____	