



# Eldorado Summer Camp 2025

## Registration Form

Parent Info	Parent 1	Parent 2
First Name		
Last Name		
Phone #		
Email		

**Select Camp of Choice per child below  
then Select Choice of Full Day or Half Day**

Child Info	Child 1	Camp Choice Golf Tennis Anklebiters (AB)					
First Name		June 3-6	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Full	<input type="checkbox"/> Half	
		June 10-13	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Full	<input type="checkbox"/> Half	<input type="checkbox"/> AB
		June 17-20	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Full	<input type="checkbox"/> Half	
Last Name		June 24-27	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Full	<input type="checkbox"/> Half	<input type="checkbox"/> AB
		July 8-11	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Full	<input type="checkbox"/> Half	
		July 15-18	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Full	<input type="checkbox"/> Half	<input type="checkbox"/> AB
DOB / Age		July 22-25	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Full	<input type="checkbox"/> Half	
		July 29-Aug 1	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Full	<input type="checkbox"/> Half	<input type="checkbox"/> AB
Child Info	Child 2	Camp Choice Golf Tennis Anklebiters (AB)					
First Name		June 3-6	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Full	<input type="checkbox"/> Half	
		June 10-13	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Full	<input type="checkbox"/> Half	<input type="checkbox"/> AB
		June 17-20	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Full	<input type="checkbox"/> Half	
Last Name		June 24-27	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Full	<input type="checkbox"/> Half	<input type="checkbox"/> AB
		July 8-11	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Full	<input type="checkbox"/> Half	
		July 15-18	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Full	<input type="checkbox"/> Half	<input type="checkbox"/> AB
DOB / Age		July 22-25	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Full	<input type="checkbox"/> Half	
		July 29-Aug 1	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Full	<input type="checkbox"/> Half	<input type="checkbox"/> AB
Child Info	Child 3	Camp Choice Golf Tennis Anklebiters (AB)					
First Name		June 3-6	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Full	<input type="checkbox"/> Half	
		June 10-13	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Full	<input type="checkbox"/> Half	<input type="checkbox"/> AB
		June 17-20	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Full	<input type="checkbox"/> Half	
Last Name		June 24-27	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Full	<input type="checkbox"/> Half	<input type="checkbox"/> AB
		July 8-11	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Full	<input type="checkbox"/> Half	
		July 15-18	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Full	<input type="checkbox"/> Half	<input type="checkbox"/> AB
DOB / Age		July 22-25	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Full	<input type="checkbox"/> Half	
		July 29-Aug 1	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Full	<input type="checkbox"/> Half	<input type="checkbox"/> AB



# Eldorado Summer Camp 2025 Registration Form

## Payment Method

<b>MEMBER CHARGE</b>	MEMBER NAME	MEMBER #

**OR**

<b>CREDIT CARD</b>	CARD #	CARD TYPE
		VISA/MC DISCOVER AMEX
NAME ON CARD		EXP. DATE
		CVV

**Cancellation Policy:** If you need to cancel your spot in summer camp, written notice must be received 1 week in advance of start date otherwise you will be subject to pay 50% of summer camp fees. No call/no shows will be charged full price.

### **Photograph Permission**

I give permission for Eldorado Country Club (ECC) and its employees/instructors to use, without limitation or obligation, photographs, film footage or tape recordings that may include the Participant's image or voice for purposes of promoting ECC's programs.

### **Release**

By signing below, I acknowledge that I am the parent and/or guardian of the above registered child. I hereby authorize ECC to contact paramedics immediately in the event of an emergency and/or administer first aid for minor injury. I also release ECC, its owners, employees and associates from any and all liability that results except those acts of negligence from the Club, owners, or staff. I understand that registration is non-transferable or refundable inside 7 days of summer camp start date. I also understand that summer camp may occur rain or shine; during inclement weather, the coaches will conduct lessons and activities indoors, given there is a room available. I authorize Eldorado Country Club to charge the payment method provided on the first day of camp each week my child attends. I understand this authorization shall remain in full force and effect throughout the term of our inclusion in the Eldorado Tennis Junior Development program. At any time that the chosen method of payment changes, it is my responsibility to inform Eldorado Tennis immediately of these changes.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## **EMERGENCY MEDICAL INFORMATION**

Full Name of Participant: \_\_\_\_\_ DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_

Immunizations: \_\_\_\_\_

Medical History (i.e. diabetes, epilepsy, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hospital: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

### Emergency Contacts:

1. \_\_\_\_\_ Phone #: \_\_\_\_\_

2. \_\_\_\_\_ Phone #: \_\_\_\_\_

3. \_\_\_\_\_ Phone #: \_\_\_\_\_

Authorized By:

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Relationship to Participant*

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