



# Eldorado Summer Camp 2026

## Anklebiters Registration Form

### Parent/Guardian Information

**Parent 1** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**Parent 2** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

### Child Information

**Child 1** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
DOB/Age \_\_\_\_\_

**Child 2** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
DOB/Age \_\_\_\_\_

**Child 3** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
DOB/Age \_\_\_\_\_

	Child 1	Child 2	Child 3
<b>Week 1</b> June 9-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Week 2</b> June 23-26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Week 3</b> July 14-17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Week 4</b> July 28-31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Eldorado Summer Camp 2026

## Medical Information & Emergency Authorization

Please list any information we should be aware of to ensure your child's safety during camp.

### Allergies (food, insect, environmental, medication, etc.):

None

Yes (please explain): \_\_\_\_\_

\_\_\_\_\_

### Medical Conditions (asthma, diabetes, seizures, etc.):

None

Yes (please explain): \_\_\_\_\_

\_\_\_\_\_

### Medications taken during camp hours:

None

Yes (please list dosage & instructions): \_\_\_\_\_

\_\_\_\_\_

### Special needs or accommodations:

None

Yes (please explain): \_\_\_\_\_

\_\_\_\_\_

### Emergency Contact (if Parent/Guardian is Unreachable)

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Medical Authorization (Required)

I certify that my child is physically able to participate in camp activities. In the event of an emergency, I authorize camp staff to seek medical treatment for my child if I cannot be reached. I understand that I am responsible for any medical expenses incurred.

### Parent/Guardian Acknowledgment

I confirm that the above medical information is accurate and complete.

# Eldorado Summer Camp 2026

## Liability Waiver, Assumption of Risk & Policies

Please read carefully before checking the acknowledgment box below.

### Assumption of Risk

I understand that participation in tennis and/or golf camp activities involves inherent risks, including but not limited to physical exertion, falls, collisions with other participants or equipment, weather-related conditions, and other potential injuries. I voluntarily assume all such risks on behalf of my child.

### Release of Liability

I hereby release, waive, and discharge Eldorado Country Club, its owners, employees, coaches, contractors, and volunteers from any and all claims, demands, injuries, losses, or causes of action arising out of or related to my child's participation in camp activities, except in cases of gross negligence or willful misconduct.

### Medical & Emergency Care

I grant permission for camp staff to administer basic first aid and to seek emergency medical treatment for my child if necessary.

### Code of Conduct

I understand that my child is expected to follow camp rules and behave in a respectful and safe manner. I acknowledge that disruptive or unsafe behavior may result in dismissal from camp without refund.

### Cancellation & Charge Policy

Camp fees are charged on the **first day of the registered camp week**.

- Cancellations must be submitted **in writing at least one (1) week prior** to the start of the registered camp week to avoid charges.
- Cancellations made **less than one (1) week in advance** are subject to a **50% charge** of the camp fee.
- **No-call/no-show registrations** will be charged the **full camp fee**.
- Missed days or partial attendance do **not** qualify for a refund or credit.

### Late Pick-Up Policy

Camp dismissal is at **4:00 pm**. Parents and guardians may pick up their child **any time between 3:00–4:00 pm**.

- A **10-minute grace period** is provided after dismissal.
- Children picked up **after 4:10 pm** will be considered late.
- A **\$30 late pick-up fee** will be charged per household, per occurrence.
- Late pick-up fees will be charged to the **payment method on file**.
- Repeated late pick-ups may result in dismissal from camp without refund.

### Weather & Program Modifications

Camp activities are subject to weather conditions. In the event of rain or unsafe weather:

- Camp may be **modified, shortened, moved indoors (if available), or canceled for the day** at the discretion of Eldorado Country Club.
- No refunds or credits will be issued for individual days canceled or modified due to weather.
- If an **entire camp week** is canceled by Eldorado Country Club, no charges will be processed.

### Parent/Guardian Acknowledgment

I have read and agree to the Liability Waiver, Assumption of Risk, and Camp Policies.

# Eldorado Summer Camp 2026

## Payment Authorization & Final Acknowledgment

### Payment Method (Select One)

**Member Account Charge (ECC Members Only)**

Member Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

**Credit Card**

Visa/Mastercard    American Express    Discover

Name On Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_      CVV: \_\_\_\_\_

*Camp fees will be charged on the first day of the registered camp week.*

### Payment Authorization & Global Agreement

I authorize Eldorado Country Club to charge the payment method provided for the applicable camp fees on the first day of the registered camp week, as well as any applicable late cancellation or late pick-up fees as outlined in the camp policies.

By signing below, I certify that the information provided in this registration is accurate and complete. I acknowledge that I have read and agree to the Medical Information & Emergency Authorization, Liability Waiver, Assumption of Risk, Cancellation & Charge Policy, Weather Policy, and Late Pick-Up Policy associated with this registration.

I also grant permission for Eldorado Country Club to photograph or record my child during camp activities and to use such images for promotional, marketing, or program-related purposes without compensation.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_      Date: \_\_\_\_\_