

Completion of the full registration packet is required before the start of the program. Please go to our website at www.avilabayclub.com and choose the link to sign-up online, or download the forms to drop off in person or mail in.

6699 Bay Laurel Place Avila Beach, CA 93424 805.595.7600 ex 113



Program Details

Monday through Friday 9am-3pm

ABAC Kids' Summer Blast is an activity based week that will keep your child moving and excited!

Each week includes tennis instruction, water activities*, art projects, instructional gardening, soccer, kids fitness, kempo, obstacle courses, science experiments, ice cream making and much more!

All our instructors have been background checked, are Red Cross CPR certified, and if swimming* is permitted there will be a lifeguard present.

Custom lunch from our Oasis Grille is included each day, along with a snack.

Each child will receive a special ABAC Kids' Summer Blast t-shirt.

2020 ABAC Kids' Summer Blast



Drop Off/Pick-Up

Please sign your child in and out each day, on the sheet provided in the lobby.

What to Bring

Kids should bring a backpack with bathing suit, towel, water bottle, and sunscreen every day. Kids are advised to wear non-marking soled tennis shoes (no sandals or flip flops). It is encouraged to bring a second change of clothing.

Swim Test

All kids must complete a swim test. They must be able to swim one length of the pool without touching the side or the bottom. Swim tests are administered on the first day of camp by the lifeguard counselors. Children who do not successfully or comfortably swim one length of the large pool will be required to wear a life jacket for the entire swim portion of the camp, with no exceptions. *Applicable only when swimming is approved by SLO County.



CALIFORNIA ATHLETIC CLUBS

www.caclubs.com | www.avilabayclub.com

One Week Sessions Run From June 8-Aug 7

Weekly Pricing:

Ages 6-13

\$325 Member / \$375 Non-Member

10% discount for siblings

Each child is limited to signing up for three weeks. Additional weeks require prior approval from Travis.

Summer Blast w/ Covid-19: All camp instructors will be using proper PPE and wearing face coverings while supervising the kids. Depending on the number of kids, we may separate them into two groups based on age, and they will stay with that group and same camp counselors for the entire

week. Hand washing will be frequent and hand sanitizing stations will be located at each area they are in. Children will not share supplies for activites, and the weekly price has been increased to include these items. Fitness classes will abide by social distancing guidelines and will only take place outside.

All applicable waivers must be signed at the club on the first day of camp, or email travis@avilabayclub.com to have a copy sent to you ahead of time.



Kids' Summer Blast Director Travis Hawley Travis@avilabayclub.com 805-595-7600 ex 113

Program Highlights

Tennis

*Swimming only applicable if approved by SLO County Art Projects Gardening Outdoor Games

> Ice Cream lab Lunch Included

Science Experiments

Summer Blast T-Shirt



Avifa Bay ATHLETIC CLUB & SPA 2020 ABAC Kids' Summer Blast **REGISTRATION FORM**

Please complete <u>ONE</u> application per child. Complete entire packet for valid registration.

| Participan | nt Name: | | | Member #: |
|----------------|---|--|------------------|--|
| | (I | Last) | (First) | Non-member (please check): |
| Age (first | day of camp) : | Date of Birth: | // | Gender (circle): M F |
| Shirt Size | (circle): Kids XS | S M L XL <u>Adult</u> S M | | |
| Parent's Name: | | Phone (H): | Phone (W): | Phone (Cell): |
| Street: | | C | City/State/Zip: | |
| Email Ad | ldress: | | | |
| Authorize | ed Individuals for pic | k up: | | |
| | f emergency, contac | t: | Phone: | |
| Doctor: | | Insurance Co | Policy #: | |
| Any speci | ial concerns: | | | |
| | | Dates | Cost | |
| | Week 1 | June 8-12 | | |
| | Week 2 | June 15-19 | | |
| | Week 3 | June 22-26 | | |
| | Week 4 | June 29 - July 3 | | |
| | Week 5 | July 6-10 | | |
| | Week 6 | July 13-17 | | |
| | Week 7 | July 20-24 | | |
| | Week 8 | July 27-31 | | |
| | Week 9 | August 3-7 | | |
| 10% disc | ember / \$375 Nor ount for siblings d is limited to signi | n-Member ng up for three weeks. Addit | the pr week i | ent must be made in full to reserve spot in ogram. Cancellations must be given one in advance for refund. Approval from Travis. |
| | | | Intern | al 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 [Avila Bay 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

| | 550 and 6910, I, | | | | | | | |
|--|------------------|---|--|--|--|--|--|--|
| | | ze [Avila Bay 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 Avila Bay Athletic Club is not a licensed child day care facility. | | | | | | | | |
| | Date | | | | | | | |
| Signature | | | | | | | | |