



2020 Camp Registration Form

Registration confirmation for the below indicated camps will be received within 10 business days of receiving the registration form. Payment is due at time of registration for guests. CHCC members will have the fees billed to their club account.

Camp details:

Camp Cimarron: 9:00-1:30 Tuesday-Friday (drop off at 8:50 at tennis shop, pick up at pool)
\$200-CHCC Members, \$225-Guests, \$20 sibling discount

Golf Camp: 8:00-10:00 Tuesday-Friday ages 6-13 (drop off 7:45 at the golf shop, pick up at 10:00)
\$160-CHCC Members, \$185- Guests, \$20 sibling discount (Drop-in pricing available)
What to bring: Tennis or golf shoes (no cleats), CHCC will provide cap, water bottle, sunscreen

Tennis Camp: 8:30-9:00 “Peewees” ages 4-6 (Mon, Wed & Fri) - 9:00-10:00 “Future Champs” ages 7-10 (Mon, Wed & Fri) - 10:00-11:30 “Aces” Ages 11-14 (Mon. Wed & Fri) - 10:00-12:00 “Junior Academy” ages 13+ (Mon, Wed & Fri) - 9:00-11:00- Junior Match Play ages 11+ (Tues & Thurs)

Camper Name: _____ Age: _____ Gender: Male/Female (circle one)

Parent/Guardian: _____ Phone: _____

Address: _____ City: _____ State: _____

Email: _____

Emergency Contact: _____ Phone: _____

Name(s) of person(s) that child may be released to: _____

T-Shirt Size: (circle one) YS, YM, YL, AS, AM, AL

Parents must sign and return form with payment before child’s registration is confirmed.

Please indicate which camp(s) you are signing up for below

Camp Cimarron

Golf Camp

Tennis Camp

June 9-12: _____

June 9-12: _____

June 1-5 _____ July 13-17 _____

June 16-19: _____

June 16-19: _____

June 8-12 _____ July 20-24 _____

June 23-26: _____

June 23-26: _____

June 15-19 _____ July 27-31 _____

July 14-17: _____

July 14-17: _____

June 22-26 _____ Aug 3-7 _____

July 21-24: _____

July 21-24: _____

July 6-10 _____

July 28-31: _____

July 28-31: _____

**Cimarron Hills
WAIVER and LIABILITY FORM**

ALL INFORMATION FOR EACH CHILD MUST BE COMPLETE PRIOR TO THE FIRST DAY OF CAMP

This is a legal and binding agreement which, when signed, will authorize medical treatment and permanently limit your ability to recover from the parties indicated below for injuries or losses you may sustain as a result of participation in the activities described below. References to Cimarron Hills include CIMARRON HILLS 2009, its trustees, officers, employees, volunteer workers and participating organizations, agents and assigns, and anyone else participating in the activities described below.

Medical Treatment authorization

I authorize CIMARRON HILLS to act on my child's behalf in any medical emergency. _____ (Initial)

Release from Liability, Indemnification Agreement and Covenant Not to Sue

In consideration of CIMARRON HILLS partial financial support of my participation in the activity, I the undersigned, to the fullest extent permitted by law, agree to forever release and on behalf of myself, my spouse, heirs, representatives, executors, administrators and assigns, HEREBY DO FOREVER RELEASE CIMARRON HILLS and TROON GOLF, LLC from any cause

of action, claims, or demands of any nature whatsoever, including but not limited to a claim of negligence which I or my spouse, children, heirs, representatives, on account of personal injury, bodily injury, property damage, death or accident of any kind, arising out of equipment, or services in association with the activity and/or the use of facilities, negligence of CIMARRON HILLS or otherwise. In consideration of CIMARRON HILLS partial financial support of my participation in the activity, I the undersigned, COVENANT NOT TO SUE and agree to demands, losses or costs of any nature whatsoever arising out of or in any way relating to my participation in the activity and my use of facilities, equipment, or services in association with the activity. I understand that I will be solely responsible for any loss or damage, including death, which I sustain or services in association with the activity, and that by this agreement I am relieving CIMARRON HILLS and TROON GOLF, LLC of any and all liability for such loss, damage or death.

My signature below indicates that I have read, understood, and freely signed this agreement. I further understand that the terms of this agreement are legally binding and I certify that I am signing this agreement after having carefully reviewed and understood the same, of my own free will; and on behalf of person /persons attending a CIMARRON HILLS activity. This agreement shall be construed and enforced in accordance with the laws of the State of Texas, and I consent to the jurisdiction of this state.

Child # 1 Name: _____ Date: _____

Child # 2 Name: _____ Date: _____

Child # 3 Name: _____ Date: _____

Parent's Signature: _____ Date: _____

Payment Information:

For Club Members: Member # _____ (all charges will be charged to your member account)

Non-Club Members may pay in cash, check or credit card

Employees Signature: _____ Date: _____