



# GTS



# Golf Tennis Swim Camp

# At Silverado



# Handbook

## IMPORTANT!!

This Handbook contains important *Medical, Emergency Contact and Waiver of Liability Forms* that must be completed and returned on or before your child's first day of Camp. Without those, your child will NOT be able to participate. **THANK YOU!**

## CONTACT NUMBERS

Katie Dellich, Head Tennis Professional 707.257.5541  
Tara Fox, Teaching Professional – Golf 707-257-5463



## Welcome to GTS Camp at Silverado for Ages 6-12

Thank you for joining our GTS camp! We look forward to having your child with us!  
This Camp has it all! ***Fun, Fitness, and Knowledge***

***At the Golf Course ... The Fundamentals...*** in all three areas of the short game, full swing, and putting.  
***On the Tennis Courts! ...*** All three disciplines will be stressed as we work on the fundamentals of groundstroke, volleys, serves, returns, court positioning, and strategies. ***Premiere Coaching will be provided by PETER BURWASH INTERNATIONAL TENNIS & TROON GOLF! Supervised swimming in our resort main pool!***

### Program Hours are 9:30am-3:00pm each day

9:30 – Drop-off at Golf Putting Green – Located outside the Silverado Grill  
9:30-11:15 – Camp Rules/Etiquette Review and Group Golf Instruction/Practice  
11:15 – Break for Lunch  
12:00-1:45 – Tennis  
1:45-3:00 – Swim  
3:00 – Pick up at Main Pool

NOTE: There is a 5 minute courtesy window for pick-up. After that 5 minutes, there will be an additional \$10 charge every 10 minutes your child stays at camp.

\*Must sign up for the full four (4) day program. (Daily drop in is not available for GTS Camp)

**GTS Camp Headquarters is located at the Tennis Office.**

**What you need to bring:** Participants are required to bring swimsuit/sunscreen/snacks for each day of the camp. Rental Golf clubs and Tennis racquets are provided if needed for no extra charge. If you decide to bring your own equipment, please make sure everything is labeled with a phone number.

**Lunch:** Participants must bring their lunch daily or may order from our "Silverado Market" These purchases may be charged to a member account or guests room or paid with cash.

## GTS Camp Information

### Emergency Forms

Emergency forms can be found at the end of the handbook pages 4-6. Emergency forms **must be completed** before your child can attend camp. Bring forms to registration on the first day of camp. Please remember to keep us updated if there are any changes to the emergency form, specifically telephone numbers and emergency contacts.

## **Arrival**

For ages 6-10yrs ~ Parents/Grandparents must escort your Child to the putting green for check in and sign them in every day unless other arrangements have been made with the Staff of GTS. Throughout the day your child will be escorted to their various activities by one of our GTS Staff Members.

## **Departure**

Parents/Grandparents must sign their Child out each day at the main pool. This is also a good time for our GTS Staff to let parents know what is going on and to see how their child is doing.

**NOTE: There is a 5 minute courtesy window for pick-up. After that 5 minutes, there will be an additional \$10 charge every 10 minutes your child stays at camp. For example: 3:00-3:05 pickup (no charge) 3:12 pickup (\$10 charge) 3:22 pickup (\$20 charge).**

## **Schedule**

Please keep in mind that due to things like weather, other hotel events, etc. that the schedule is subject to change. We do try our best to stick to the schedule that is sent out, but sometimes things are out of our control. 😊

## **Swimming**

This activity will be offered daily. We will be using the Resort Main Pool for swimming activities. Please make sure that your Child brings a bathing suit, towel and sunscreen. All campers will be constantly supervised by our GTS Staff Members at all times. **If your Child is not a swimmer, we ask that you please note that on your emergency release form as they will not be allowed to go out of the shallow end of the pool.** We also encourage a guardian to chaperone if a young child is not a strong swimmer. The swim portion of camp is NOT swim instruction, it is pool time where swim games and free swim are offered.

## **Illness**

We try to keep all Children healthy during the summer. Please help us out by keeping your child at home to rest if they are ill. If a Child becomes sick at camp, the parent or emergency contact person will be contacted to pick up the child.

## **Golf & Tennis**

Golf and Tennis instruction will be given in a group activity format. If your Child has golf and tennis equipment they are welcome to bring it on the designated days. Please have it labeled with a name and phone number.

## **Cancellation Policy**

Since the program is based on a progressive skill development we are not able to refund for missed days. If you need to cancel the week session, you will be given a full refund if we have 24 hour notice so that we can open your slot up to another child.

A minimum of (10) children are necessary to operate GTS Camp. Reservations are required 24 hours in advance.

## **Cancellation Policy**

If your child is not able to attend camp we would like you to inform us by 5pm day prior in order for us to plan for the following day. We will refund your appropriate registration fee in full if we have day prior notice. Notice given on same day will result in a 50% charge. If you need to cancel a day and have committed to the weekly rate your billing will change to daily.

1600 Atlas Peak Road  
Napa, CA 94558  
[silveradotennis@pbitennis.com](mailto:silveradotennis@pbitennis.com)  
707-257-5514



SILVERADO  
Resort and Spa  
Napa

Received: \_\_\_\_\_  
Entered: \_\_\_\_\_  
Payment: \_\_\_\_\_

**GTS CAMP REGISTRATION AND EMERGENCY CONTACT FORM**

**CAMPER INFORMATION**

New Camper \_\_\_\_\_ Return Camper \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Nickname \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_  
*(Street/PO Box)*

\_\_\_\_\_ *(City)* \_\_\_\_\_ *(State)* \_\_\_\_\_ *(Zip)*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is the camper a vegetarian?  YES  NO Food Allergies?  YES  NO Please name: \_\_\_\_\_  
Please attach separate sheet if necessary.

Swimming placement  Beginner  Intermediate  Advanced

**PARENT/GUARDIAN INFORMATION**

Parent 1 Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY CONTACT NAME**

*(Please provide name of someone other than parent)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**PAYMENT OPTIONS**

1. Credit Card: Circle one - MC Visa Amex Discover  
Card # \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_  
Sec. Code: \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Signature \_\_\_\_\_

2. Bill to Membership Account  
Membership Name: \_\_\_\_\_ Mbr. # \_\_\_\_\_

**FEE & PAYMENT SUMMARY**

Session Fees: \$ \_\_\_\_\_

TOTAL FEES: \$ \_\_\_\_\_

Weekly sessions with be charged on  
Mondays of each week.

GTS MEDICAL INFORMATION/RELEASE FORM

The State of California requires sponsors of recreation programs to inform parents of the nature and structure of program their children are participating in. *Childcare and recreation are differentiated by the State. Programs that meet the definition of childcare must be licensed by requirements related to facility, staff and program structure. Recreation programs as defined by the State are exempt from licensing requirements and require the sponsor of the program to have a signed statement from each parent/guardian that they understand the conditions which the facility operate and that it is not a licensed care facility.*

By signing below, I acknowledge that I have received and read the above information

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

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

Signature of Parent/Guardian: \_\_\_\_\_

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

You are responsible for advising Silverado of any physical, emotional or developmental impairment your child may have that may endanger him/her or other participants during his/her attendance in this program.

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_ Medical Insurance Co. \_\_\_\_\_ Policy Number: \_\_\_\_\_

Is your child on any medication? \_\_\_\_\_

If yes, what? \_\_\_\_\_

Is your child allergic to anything? \_\_\_\_\_

If yes, what? \_\_\_\_\_

Other information we should know (behavioral issues, fears, special needs):

\_\_\_\_\_

\_\_\_\_\_

**GTS WAIVER OF LIABILITY FORM**

Although Camp Silverado has taken reasonable steps to provide my child with appropriate equipment and/or skilled children’s coordinators so my child can enjoy an activity for which my child may not be skilled, this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can cause loss or damage to my child’s possessions, or accidental injury, illness or, in extreme cases, permanent trauma. Camp Silverado does not want to frighten my child or reduce my child’s enthusiasm for this activity, but the camp does think it is important for me and my child to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks:

- 1) Outdoor activities require exposure to natural elements that are beyond Silverado’s control.
- 2) Children will participate in games and physical activities such as running which may result in slips, trips, falls, etc.

I am aware that my child’s participation entails risk of injury. I understand that the description of these risks is not complete and that other unknown or unanticipated risks may result in injury. I agree to assume responsibility for the risks identified herein and those risks not specifically identified. My child’s participation is purely voluntary. No one is forcing my child to participate and he/she elects to participate in spite of the risks.

I certify that my participating minor child is fully capable of participating in this activity. Therefore, I assume full responsibility for my child and for bodily injury and loss of personal property and expenses thereof suffered by my child or me as a result of those inherent risks and dangers and of my child’s actions in participating in this activity.

I also authorize the person with direct supervisory control of this camp in whose care my child has been entrusted by me to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general and special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medicine Practice Act.

**I acknowledge that on some days at camp, my child may be transported via a Silverado Golf Car to an activity. I consent to my child being transported via Golf Car and I understand that if I choose not to consent to this method of transportation, my child may not participate in field trip/activity unless I arrange for alternative methods of transportation.**

**I have read, understood and accepted the terms and conditions stated herein and acknowledge that this document shall be effective and binding upon my child and myself. I, the parent/guardian of the above named give my approval to allow participation in all Kid’s Camp activities, including golf cart transportation. I know that participation in Kid’s Camp may result in serious injuries and hereby waive, release, absolve, indemnify, and agree to hold harmless, Silverado Resort, the owner, organizers, instructors, sponsors, volunteers and participants, for any claim arising out of any injury to my child whether the result of negligence of for any other cause.**

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

Signature of Parent/Grandparent/Guardian: \_\_\_\_\_

Dated: \_\_\_\_\_