



KIDS CAMP



Hilton
GUAM RESORT & SPA

ACTIVITIES INCLUDE:

- ★ Swimming
- ★ Beach Fun
- ★ Scavenger Hunt
- ★ Kite Flying
- ★ Arts & Crafts
- ★ Obstacle Course
- ★ Soccer
- ★ Postcard Making
- ★ Dodgeball
- ★ Tennis
- ★ Water Sports
- ★ Cooking Class

and many more...

SCHEDULE

- ★ Days: Monday - Friday
- ★ Times: 8:00 am - 5:00 pm
- ★ Drop off : 8:00 am
(early drop off 7:30 am)
- ★ Drop off and pick up: Port 2 (Premier Tower Entrance)
- ★ Ages 5 to 12 years old
- ★ Summer Camp Room: Koko Room

2017 SESSION DATES

- ★ Week 1 : June 5 - June 9
- ★ Week 2 : June 12 - June 16
- ★ Week 3 : June 19 - June 23
- ★ Week 4 : June 26 - June 30
- ★ Week 5 : July 3 - July 7
- ★ Week 6 : July 10 - July 14
- ★ Week 7 : July 17 - July 21
- ★ Week 8 : July 24 - July 28
- ★ Week 9 : July 31 - August 4
- ★ Week 10 : August 7 - August 11



\$175

per child / per week*



LIMITED SPACE AVAILABLE

Kids must register by Friday prior to the week attending.

Reservations not confirmed until payment received.

Please submit completed form and payment to Wellness Center.

FOR MORE INFORMATION, CALL THE

Hilton Wellness Center at 646-1835 ext. 5885

*Hilton Kids Camp for children ages 5 - 12. Rate includes lunch and afternoon snack.
Limited space available. Payment must be received in full.



Hilton

GUAM RESORT & SPA

REGISTRATION FORM

HILTON KIDS RESORT SUMMER 2017

Staff Initial: _____

Amount Paid: _____

Date Paid: _____

Receipt#: _____

CHILD 1	CHILD 2	CHILD 3
Name:	Name:	Name:
Date of birth:	Date of birth:	Date of birth:
Is your child able to swim?	Is your child able to swim?	Is your child able to swim?
Any allergies?	Any allergies?	Any allergies?
Any medication?	Any medication?	Any medication?
Any physical/medical conditions?	Any physical/medical conditions?	Any physical/medical conditions?
Any special instructions?	Any special instructions?	Any special instructions?

PARENTS OR GUARDIAN INFORMATION

Father's/Guardian's Full Name:			Mother's/Guardian's Full Name:		
Mailing Address:			Mailing Address:		
Contact (Mobile):	Contact # (Home):	Contact # (Work):	Contact (Mobile):	Contact # (Home):	Contact # (Work):

PERSON AUTHORIZED TO PICK UP CHILD(REN) OTHER THAN PARENTS

Must present ID upon pickup

Name:	Relationship:	Contact (Mobile):	Contact # (Home):	Contact # (Work):
Name:	Relationship:	Contact (Mobile):	Contact # (Home):	Contact # (Work):

Session 1 2 3 4 5 6 7 8 9 10 11 12

Total number of sections _____

(Circle section number(s) above that your child(ren) is attending)

- Refund Policy: No refund or makeup day. All payments are final.
- Late Pick-up: You may drop off your child as early as 7:30am and pick-up no later than 5:00pm. There will be a \$25 charge for late pick-up after 5:00pm and an additional \$25 for every 30 minutes thereafter.
- Program Minimum Class Requirement: Hilton Guam Resort & Spa reserves the right to terminate the program should the minimum slots of five children not be filled. All outstanding program fees will be refunded.
- Hilton Kids Resort Policy: Vulgar language, bullying, fighting, or any other form of violence will not be tolerated. Children must adhere to camp rules at all times. Parents will be contacted immediately and may be released from the program for serious incidents.
- Preparing your child: children are not permitted to bring any valuable items. Hilton Guam Resort & Spa will not be held liable for any lost personal property. Hilton Kids Resort is an indoor/outdoor program. All participants should bring swimwear, sportswear, tennis shoes, flip flops, sunscreen, and a dry change of clothes. Swimming Goggles are recommended. Lifejackets and towels will be provided. Any special dietary requirements or restraints must be communicated. Hilton Kids Resort is a high energy recreation program. Please ensure that your child has a healthy breakfast before morning drop off. Children will receive a healthy lunch at 11:00am and a healthy snack at 3:00pm.

Initial: _____

INDEMNITY AGREEMENT

I, hereby on behalf of my child, myself, my family and my relatives waive and release, hold harmless and forever discharge Hilton Guam Resort & Spa and its owners, subsidiaries and affiliated entities (including Hilton Worldwide, Inc.) and their respective owners, directors, officers, partners, and employees, and agents (hereafter referred to collectively as the "Hilton Indemnitees") from any and all claims, liabilities, damages, losses, or other expenses of any nature whatsoever for any personal injury, illness, or death (collectively, "claims") arising out of or resulting from and related to the utilization and or participation of my child(ren) in the Hilton Kids Resort Program of the Hilton Guam Resort & Spa (further referred to as Hotel). This waiver is intended to be a complete release of any responsibility for personal/bodily/mental injuries sustained while on Hotel premises resulting from the active or passive negligence of the Hotel or its employees, directors, officers, partners and owners.

Initial : _____

I understand that the activities in which I will allow my child(ren) to participate are inherently dangerous and can cause serious injury including bodily injury, damage to personal property and/or death. I and/or my heirs and/or representatives waive all claims of injury to my child(ren)'s body and or his/her property and death that I and/or my heirs and/or representatives may have against the aforementioned company pertaining to such activity, including claims in tort, contract, equity, or otherwise.

Initial: _____

In the event I cannot be contacted to make arrangements for emergency medical attention at the time of an illness or accident, I hereby authorize Hilton Guam Resort & Spa to take my child(ren) to the hospital or medical facility of their choice. I also understand that I am responsible for other additional costs may incur during my child(ren)'s attendant to the Hilton Kids Resort Program.

Initial: _____

By signing below is proof of my legal right and my intention to execute a complete release of all liability to the fullest extent for my child(ren) to participate in the Hilton Guam Kids Resort Program at the Hilton Guam Resort & Spa. If I am not the parent of the child(ren), I will present the legal guardianship of the child(ren) to the Hotel to proof of my guardianship right.

Initial: _____

I have carefully read this indemnity agreement prior to its execution and I fully understand its contents. I certify the information I declare on this form is complete and correct.

Child's Name: _____

Parent's Name: _____

Child's Name: _____

Parent's Signature: _____

Child's Name: _____

Date: _____

Guardian's Name: _____

Guardian's Signature: _____

Date: _____