



# SPORTIME

## 2016-2017 SCHOOL BREAK CAMPS

SPORTIME SCHENECTADY, 2699 CURRY ROAD, SCHENECTADY, NY 12303 • TEL: 518-356-0100 • FAX: 518-356-4797

The best place for kids when they are not in school is a SPORTIME School Break Camp! We have planned ahead so you can plan ahead. Send your kids to SPORTIME for age and level appropriate tennis/sports drills, games and fun! Full Day 9:00am-4:00pm.

### Camp Dates

#### Holiday Break

- Wednesday, December 28
- Thursday, December 29
- Friday, December 30

#### Mid-Winter Break

- Monday, February 20
- Tuesday, February 21
- Wednesday, February 22
- Thursday, February 23
- Friday, February 24

### Camp Costs

Item	Price	#Days	Cost
<input type="checkbox"/> Per Diem Rate	\$89.00	_____	\$ _____
<input type="checkbox"/> Holiday Break - All 3 Days	\$259.00	n/a	\$ _____
<input type="checkbox"/> Mid-Winter - All 5 Days	\$399.00	n/a	\$ _____
TOTAL			\$ _____
<input type="checkbox"/> 5% Sibling Discount			-\$ _____
<b>PAYMENT AMOUNT</b>			\$ _____

### PERSONAL INFORMATION (Please print clearly.) M F

First Name		Last Name		DOB
Parent/Guardian's Name				
Billing Address				
City		State	Zip	
Home Phone #		Cell Phone #		
Email Address (required)				
Any medical conditions or other special needs?				

Are you a SPORTIME Member?  Yes  No

### PAYMENT INFORMATION

Payment by Check Enclosed  Payment by Credit Card

Credit Card #	Exp. Date
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#### Payment Terms, Liability Waiver and Assumption of Risk and Release

Participants must remit full payment along with a completed application in order to secure a spot in camp. Checks must be made payable to SPORTIME. By signing below I agree that I am the parent or legal guardian of the named participant, and that we will abide by all rules and regulations which now exist or which may be hereafter adopted or amended by SPORTIME Clubs, LLC ("SPORTIME"). I further acknowledge and agree that there are certain inherent dangers in playing tennis and that Sportime shall not be liable for any personal injuries, property damage, or other loss sustained by me and/or the named participant in, on or about the premises of SPORTIME, or arising out of the use of any facilities, equipment or other property of SPORTIME. In case of accident or injury to the named participant and if an emergency contact person cannot be reached, I grant SPORTIME permission to obtain medical attention if necessary, for which I will be financially responsible. SPORTIME reserves the right to close courts for repair or alterations. SPORTIME reserves the right to cancel this contract at any time, at its sole discretion, and SPORTIME's sole liability shall be to refund any amounts previously paid on a pro rata basis. SPORTIME retains the rights to any photographs or video taken at the facility to be used for publicity or advertising.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### Register Today!

To register, complete this application form and submit it by mail, fax or email. For more information, please contact Philippe Ceas by calling 518-356-0100 or by email at pceas@sportimemy.com.



518-356-0100  
www.SportimeNY.com/SCH