



SPORTIME SCHENECTADY
2699 Curry Road, Schenectady, NY 12303
P. 518.356.0100 F. 518.356.4797

Shenendehowa School District
High School East
970 Rte 146
Clifton Park NY 12065

ALL CAMPS ARE HELD AT SHENENDEHOWA HIGH SCHOOL EAST TENNIS COURTS

Shenendehowa Summer Adventure 2014

presented by SPORTIME

Shenendehowa Community Education, in conjunction with SPORTIME, is offering a tennis camp for junior players 5-18 years old. The camps will be under the direction of Mr. Bill MacArthur, Shenendehowa Varsity Tennis Coach. Mr. MacArthur has taught at Shen for 44 years and been involved in tennis camps for the past 40 years.

This camp promises to provide a fun and highly beneficial experience for the beginner to the experienced varsity player! Tennis players ages 5 to 18 are sure to find a time and offering that works for them!

SEE REVERSE SIDE OF THIS PAGE FOR TIMES, PRICES AND APPLICATION TO ENROLL

Student Needs

1. Tennis Racquet (Sportime will have racquets on site for use)
2. Proper clothing and footwear for physical activity, specifically for tennis
3. Water and a light snack

Staff

Sportime/'Shen' Staff will be highly trained, certified tennis professionals. The director has been an educator, coach, and tennis pro his entire career.

Safety

All of our activities will be time tested to ensure the best results, with safety as our highest priority. Our director is First Aid, CPR-Certified. We will have basic first aid medical supplies, an AED and cell phones on site at all times in case of emergencies.

To Enroll

Please complete the application and send it, along with payment in full and your child's school health form (medical release, physician's report, etc.) to: SPORTIME Schenectady, 2699 Curry Rd., Schenectady, NY 12303. Please note that there are no refunds after June 1, 2014.

Camp Questions? Contact Coach MacArthur at 391-0303, or 877-5802, or billmacarthur@yahoo.com

Enrollment is limited and spaces will be reserved on a first-come-first-served basis, upon receipt by SPORTIME of completed application and payment in full. There are no refunds after June 1, 2014. For more information, call Tennis Camp Director Bill MacArthur or SPORTIME General Manager Jed Murray at 356-0100.

CAMPER INFORMATION Please print clearly and legibly.

DOB <u> / / </u>		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
DOB		Gender	
Camper First Name		Camper Last Name	Parents' Names
Address		City	State Zip
Home Phone		Business Phone	Other Phone
Emergency Contact Name		Relation to Camper	Emergency Phone
Email Address (REQUIRED)		Health Restrictions (if any)	
How did you hear about us? <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Mail <input type="checkbox"/> Other			

CAMP SELECTION

All camps are held at Shenendehowa High School East tennis courts. In the event of rain, camps will be moved inside the high school.

BEGINNER Age 5-10 9-10:30 am

- | | |
|---------------------------------------|-------------------------------|
| Week 1: June 30 - July 3 (4-day week) | <input type="checkbox"/> \$70 |
| Week 2: July 7 - July 11 | <input type="checkbox"/> \$85 |
| Week 3: July 14 - July 18 | <input type="checkbox"/> \$85 |
| Week 4: July 21 - July 25 | <input type="checkbox"/> \$85 |
| Week 5: July 28 - Aug 1 | <input type="checkbox"/> \$85 |
| Week 6: Aug 4 - Aug 8 | <input type="checkbox"/> \$85 |

BEGINNER INTERMEDIATE Age 11-17 10:30-12pm

- | |
|-------------------------------|
| <input type="checkbox"/> \$70 |
| <input type="checkbox"/> \$85 |
| <input type="checkbox"/> \$85 |
| <input type="checkbox"/> \$85 |
| <input type="checkbox"/> \$85 |
| <input type="checkbox"/> \$85 |

Please note:
Enrollment is limited and spaces will be reserved on a first-come-first-served basis.

JUNIOR VARSITY (2-week session) Mon/Tue/Wed/Thu 3:00-4:30pm

- | | |
|--------------------------------|--------------------------------|
| SESSION 1 - June 30 - July 10 | <input type="checkbox"/> \$140 |
| SESSION 2 - July 14 - July 24 | <input type="checkbox"/> \$140 |
| SESSION 3 - July 28 - August 7 | <input type="checkbox"/> \$140 |

VARSITY (2-week session) Mon/Tue/Wed/Thu 4:30-6:00pm

- | |
|--------------------------------|
| <input type="checkbox"/> \$140 |
| <input type="checkbox"/> \$140 |
| <input type="checkbox"/> \$140 |

ADDITIONAL FORMS NEEDED TO COMPLETE THIS APPLICATION

The following forms are available on the website: www.sportimeny.com/schenectady. Click on "Camps" in the 'Jump To' box.

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|--|--|
| <input type="checkbox"/> Parental Agreement | <input type="checkbox"/> *Health Certificate/Appraisal *(NYS form) |
| <input type="checkbox"/> Consent for Treatment | <input type="checkbox"/> *Immunization Record |

*These forms must be completed by the camper's physician.

REGISTRATION

WAIVER & DISCLAIMER: As parent or legal guardian of the above camper, I hereby give permission for my child to participate in the SPORTIME and Shenendehowa School District Tennis Camp program, and agree to comply with all program rules and regulations including the furnishing of SPORTIME with appropriate medical exams and records of immunization upon request. In the case of accident or injury, where an emergency contact person cannot be reached, I grant SPORTIME permission to obtain medical attention for my child, if necessary, for which I will be financially responsible. I hereby release SPORTIME, the Shenendehowa School District, and the staff and management of both, from any and all responsibility for bodily injury, property damage or theft of personal property that may occur while my child is enrolled in this program on or off SPORTIME or Shenendehowa School District premises. This release applies individually and jointly to other campers, friends or family members. I further understand that SPORTIME retains the rights to any photographs or video taken at the facility to be used for publicity or advertising. ***A VALID CREDIT CARD MUST BE SUPPLIED ON THIS APPLICATION IN ORDER FOR A CAMP SPACE TO BE RESERVED.**

PARENT'S/GUARDIAN'S SIGNATURE	DATE	STAFF SIGNATURE	DATE
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PAYMENT INFORMATION

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REQUIRED: ☐ MasterCard ☐ Visa ☐ AMEX

☐ Please charge the credit card listed above for the full cost of the program.

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Expiration Date

☐ Check Payment enclosed for the full cost of the program.

Please note: Payment in full is required upon registration. No refunds will be given after June 1, 2014

Please mail completed application with payment in full to: Sportime, 2699 Curry Rd., Schenectady NY 12303.