



*In order for this application to be processed, please complete all required information and return with required deposit. Please print clearly.*

### Camper Information

GENDER  MALE  FEMALE

Camper First Name: \_\_\_\_\_ Camper Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade and School Attending September 2019: \_\_\_\_\_

Street Address: \_\_\_\_\_ Address 2: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian 1 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ Email Address (Required): \_\_\_\_\_

Parent/Guardian 2 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ Email Address (Required): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Contact First Name: \_\_\_\_\_ Emergency Contact Last Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Health / Allergy Restrictions: \_\_\_\_\_

How did you hear about our camp?  Word of Mouth  Mail  Web  Social Media \_\_\_\_\_  Ad \_\_\_\_\_  Referral, who can we thank? \_\_\_\_\_

### Camp Pricing *\*VBC Members receive a \$50 discount per program*

CAMP PROGRAM	DATES	TIMES	COST
<input type="checkbox"/> GIRLS SESSION 1	JUL 15 - JUL 19	9:00AM - 1:00PM	\$395.00
<input type="checkbox"/> GIRLS SESSION 2	JUL 22 - JUL 26	4:00PM - 6:00PM	\$225.00
<input type="checkbox"/> GIRLS SESSION 3	AUG 5 - AUG 9	9:00AM - 1:00PM	\$395.00
<input type="checkbox"/> BOYS SESSION 1	AUG 5 - AUG 9	9:00AM - 1:00PM	\$395.00
<input type="checkbox"/> CONDITIONING CAMP	AUG 12 - AUG 16	10:00AM - 12:30PM	\$325.00
<input type="checkbox"/> FUTURE OLYMPIAN CAMP	AUG 27 - AUG 29	9:00AM - 1:00PM	\$225.00
<input type="checkbox"/> LYNBROOK CAMP SESSION 1	JUL 29 - AUG 2	5:00PM - 7:00PM	\$225.00
<input type="checkbox"/> LYNBROOK CAMP SESSION 2	AUG 12 - AUG 16	5:00PM - 7:00PM	\$225.00
<input type="checkbox"/> KINGS PARK CAMP SESSION	JUL 29 - AUG 2	5:00PM - 7:00PM	\$225.00
<b>SPECIALTY CAMPS: *Setting Academy is invite only. Call to see if your child qualifies.</b>			
<input type="checkbox"/> *Joe Siegel Setting Academy	JULY 25 & 26	9AM - 4PM/9AM - 12PM	\$350.00
<input type="checkbox"/> SERVING CAMP	AUGUST 12	2:00PM - 4:00PM	\$100.00
<input type="checkbox"/> SETTERS SCHOOL	AUGUST 13	1:00PM - 4:00PM	\$160.00
<input type="checkbox"/> ATTACKING CAMP	AUGUST 14	1:00PM - 4:00PM	\$160.00
<input type="checkbox"/> PERFECT PASSER CAMP	AUGUST 15	1:00PM - 4:00PM	\$160.00
<input type="checkbox"/> GIRLS POSITION CAMP	AUGUST 18	10:00AM - 1:00PM	\$160.00
<b>CLINIC PROGRAMS - 8 WEEKS *NO CLINIC JULY 4th</b>			
<input type="checkbox"/> BOYS CLUB TRAINING - THUR	JUN 27 - AUG 22	6:00PM - 8:00PM	\$375.00
<input type="checkbox"/> GIRLS CLUB TRAINING - THUR	JUN 27 - AUG 22	6:00PM - 8:00PM	\$375.00
<input type="checkbox"/> COED JUNIOR CLINIC - MON	JUL 1 - AUG 19	5:30PM - 7:00PM	\$275.00
<input type="checkbox"/> COED JUNIOR CLINIC - WED	JUL 3 - AUG 21	5:30PM - 7:00PM	\$275.00

### T-Shirt Size

Y Small  Y Medium  Y Large  Y X-Large  
 A Small  A Medium  A Large  A X-Large

**CAMP LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE AND OTHER TERMS:** By signing below I agree that I am the parent or legal guardian of the above-named camper and hereby give permission for him/her to participate in the SPORTIME VBC Program. We agree to abide by all program and other rules and regulations which now exist or which may be hereafter adopted or amended by SPORTIME Clubs, LLC ("SPORTIME"), including providing SPORTIME with appropriate medical exams and records of immunization upon request. I further acknowledge and agree that there are certain inherent dangers in participating in tennis, sports and other camp activities, and that SPORTIME shall not be liable for any personal injuries, property theft or damage, or other loss sustained by my child, off, 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 my child, and if 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. SPORTIME reserves the right to cancel this contract at any time, at its sole discretion; in the event of such cancellation, no refunds will be given. SPORTIME retains the rights to any photographs or video taken in the context of the program to be used for publicity or advertising.

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### Cost Recap

ITEM	TOTAL
CAMP COST	\$ _____
VBC DISCOUNT: \$50 PER PROGRAM/SESSION	-\$ _____
SIBLING DISCOUNT: 10% for 2nd Child	-\$ _____
<b>BALANCE DUE</b>	<b>\$ _____</b>

### Payment Information

AMOUNT IS: \$ \_\_\_\_\_  PAYMENT IN FULL IS REQUIRED

**PAYMENT INFORMATION:** Enrollment is limited and spaces will be reserved on a first-come-first-served basis. Spaces will be reserved once SPORTIME receives a completed application and payment in full. Per the above policy, SPORTIME reserves the right to charge the credit card supplied below for any balance due on July 1, 2019. Any request for a refund of program tuition (less a \$100 cancellation fee) must be received prior to July 1, 2019. No refunds will be given after July 1, 2019. Any unused camp time will not be credited or refunded. VALID CREDIT CARD INFORMATION MUST BE SUPPLIED ON THIS APPLICATION IN ORDER FOR A CAMP SPACE TO BE RESERVED.

**PAYMENT METHOD:**  
 CHECK  CASH  CHARGE TO MY ACCOUNT: I authorize you to bill my credit card on file.  
 CREDIT CARD:  MC  Visa  AMEX

CREDIT CARD NUMBER: \_\_\_\_\_ EXP: \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_