



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 _____

CAMPER ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DATE OF BIRTH _____ AGE _____ SCHOOL AND GRADE ATTENDING SEPTEMBER 2018 _____

HEALTH / ALLERGIES RESTRICTIONS (IF ANY) _____

Responsible Party Information

PARENT 1 / GUARDIAN'S FIRST NAME _____ PARENT 1 / GUARDIAN'S LAST NAME _____

EMAIL ADDRESS _____ HOME PHONE _____ MOBILE PHONE _____

PARENT 2 / GUARDIAN'S FIRST NAME _____ PARENT 2 / GUARDIAN'S LAST NAME _____

EMAIL ADDRESS _____ HOME PHONE _____ MOBILE PHONE _____

EMERGENCY CONTACT _____ RELATION TO CAMPER _____ EMERGENCY PHONE _____

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 \$50 off each program/session.

CAMP PROGRAMS	DATES	TIMES	COST
<input type="checkbox"/> GIRLS SESSION 1	JULY 16-JULY 20	9:00AM-1:00PM	\$395.00
<input type="checkbox"/> GIRLS SESSION 2	JULY 23-JULY 27	4:00PM-6:00PM	\$225.00
<input checked="" type="checkbox"/> GIRLS SESSION 2 (VBC Players Only)	JULY 23-JULY 27	9:00AM-1:00PM	\$395.00
<input type="checkbox"/> GIRLS SESSION 3	AUG 6-AUG 10	9:00AM-1:00PM	\$395.00
<input type="checkbox"/> BOYS SESSION 1	JULY 23-JULY 27	4:00PM-6:00PM	\$225.00
<input type="checkbox"/> BOYS SESSION 2	AUG 6-AUG 10	9:00AM-1:00PM	\$395.00
<input type="checkbox"/> CONDITIONING CAMP	AUG 13-AUG 17	10:00AM-12:30PM	\$325.00
<input type="checkbox"/> FUTURE OLYMPIAN CAMP	AUG 28-AUG 30	9:00AM-1:00PM	\$225.00
<input type="checkbox"/> LYNBROOK CAMP	JULY 30-AUG 3	5:00PM-7:00PM	\$195.00
SPECIALTY CAMPS			
<input type="checkbox"/> GIRLS POSITION CAMP	AUG 19	10:00AM-1:00PM	\$160.00
<input type="checkbox"/> SETTERS SCHOOL	AUG 14	1:00AM-4:00PM	\$160.00
<input type="checkbox"/> ATTACKING CAMP	AUG 15	1:00AM-4:00PM	\$160.00
<input type="checkbox"/> PERFECT PASSER CAMP	AUG 16	1:00AM-4:00PM	\$160.00
CLINIC PROGRAMS			
<input type="checkbox"/> BOYS CLUB TRAINING - 8 WKS	JULY 5-AUG 23	THUR 6:00PM-8:00PM	\$375.00
<input type="checkbox"/> GIRLS CLUB TRAINING - 8 WKS	JULY 5-AUG 23	THUR 6:00PM-8:00PM	\$375.00
<input type="checkbox"/> COED JUNIOR CLINIC - 8 WKS	JULY 9-AUG 27	MON 5:30PM-7:00PM	\$275.00
<input type="checkbox"/> COED JUNIOR CLINIC - 8 WKS	JULY 11-AUG 29	WED 5:30PM-7:00PM	\$275.00

T-Shirt Size

- YSmall YMedium YLarge YX-Large
 ASmall AMedium ALarge AX-Large

Liability Waiver, Assumption of Risk and Release

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 AND DATE

Cost Recap

TOTAL PROGRAM COST	\$ _____
VBC DISCOUNT (\$50 PER PROGRAM/SESSION)	-\$ _____
SIBLING DISCOUNT: 10% for 2nd Child	-\$ _____
TOTAL DUE	\$ _____

Payment Information

AMOUNT IS: \$ _____ PAYMENT IN FULL IS REQUIRED

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 _____

REGISTRATION 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, 2018. Any request for a refund of program tuition (less a \$100 cancellation fee) must be received prior to July 1, 2018. No refunds will be given after July 1, 2018. **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.**

PARENT/GUARDIAN SIGNATURE DATE

Register Today!

Complete this application and return with the required deposit to SPORTIME*VBC Summer Programs by mail, fax or register conveniently online:

Mail: 4105 Hempstead Turnpike
Bethpage, NY*11714

Fax: 516-731-2849

Online: www.SportimeCamps.com/VBC

For more information, please contact us at 516-731-4432 or email nrusso@sportimemy.com.