



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? _____

T-Shirt Size: YSmall YMedium YLarge YX-Large ASmall AMedium ALarge AX-Large

Camp Pricing Costs listed are weekly. Per Diem pricing is only available after June 1st.

CAMP PROGRAM	8-10 WKS	4-7 WKS	1-3 WKS	PER DIEM	QTY	COST	
<input type="checkbox"/> SPORTIME U10: Half Day	\$350.00	\$365.00	\$375.00	\$95.00	_____	\$ _____	
<input type="checkbox"/> SPORTIME U10: Full Day	\$545.00	\$575.00	\$595.00	\$160.00	_____	\$ _____	
<input type="checkbox"/> EXCEL Tennis: Half Day	\$420.00	\$435.00	\$445.00	\$125.00	_____	\$ _____	
<input type="checkbox"/> EXCEL Tennis: Full Day	\$695.00	\$725.00	\$745.00	\$185.00	_____	\$ _____	
<input type="checkbox"/> EXCEL High Performance: Half Day***	Minimum 4 Weeks		\$395.00 Per Week		_____	\$ _____	
<input type="checkbox"/> EXCEL High Performance: Full Day***	Minimum 4 Weeks		\$650.00 Per Week		_____	\$ _____	
SUB-TOTAL CAMP COST						_____	\$ _____
<input type="checkbox"/> SIBLING DISCOUNT: 5% OFF FOR 2ND CHILD						_____	-\$ _____
<input type="checkbox"/> ADD ON: LUNCH COST: \$10.00/DAY	\$50.00/WEEK					_____	\$ _____
<input type="checkbox"/> ADD ON: EXTENDED DAY COST: \$50.00/WEEK					_____	\$ _____	
<input type="checkbox"/> ADD ON: EXTENDED DAY COST: \$10.00/DAY					_____	\$ _____	
TOTAL CAMP						_____	\$ _____
25% DEPOSIT REQUIRED BEFORE MAY 1, 2019						_____	-\$ _____
BALANCE DUE BY JUNE 1, 2019						_____	\$ _____

By invitation or approval from camp director

Payment Information

AMOUNT IS: \$ _____ DEPOSIT PAYMENT IN FULL

PAYMENT METHOD:

CHECK CASH

CHARGE TO MY ACCOUNT: I authorize you to bill my credit card on file.

CREDIT CARD: MC Visa AMEX

PAYMENT INFORMATION: Enrollment is limited. Spaces are reserved on a first-come first-served basis upon receipt of a completed application and a 25% deposit. All balances are due on June 1, 2019. Payment in full is required for registration after June 1, 2019. Registrants already enrolled in the SPORTIME Easy Pay Plan for other programs will be automatically enrolled in Full Autopay for camp, with payments processed on May 1, 2019. Adding additional camp weeks after June 1, 2019, if space allows, will not result in any retroactive discount for weeks already enrolled or attended. SPORTIME reserves the right to charge the credit card provided for any balance due on June 1, 2019. Any request for a refund of camp tuition or deposit (less a \$100 per week cancellation fee) must be received prior to June 1, 2019. No refunds will be given after June 1, 2019. There are no "make-ups" for absences and unused camp days/time will not be credited or refunded. VALID CREDIT CARD INFORMATION MUST BE PROVIDED ON THIS APPLICATION IN ORDER FOR A CAMP SPACE TO BE RESERVED.

CREDIT CARD NUMBER _____ EXPIRATION _____ PARENT / GUARDIAN SIGNATURE _____ DATE _____

Enroll Today! Complete both sides of this application and return with the required deposit by mail, fax or register online:
 Mail: SPORTIME Harbor Island Summer Camp, PO Box 783, Mamaroneck, NY 10543 / Fax: 914-835-3657 / Register Online: www.SportimeCamps.com/HI
 Please contact us at 914-777-5050 or email campshi@sportimemy.com with any questions.



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

Schedule Selection

Please check all weeks that apply or circle days for daily options. Changes may be made until June 1st. All changes after will be subject to availability.

- | | | |
|--|--|---|
| <input type="checkbox"/> Week 1 Jun 24 - Jun 28 M T W TH F | <input type="checkbox"/> Week 5 Jul 22 - Jul 26 M T W TH F | <input type="checkbox"/> Week 9 Aug 19 - Aug 23 M T W TH F |
| <input type="checkbox"/> Week 2 Jul 1 - Jul 5 M T W TH F | <input type="checkbox"/> Week 6 Jul 29 - Aug 2 M T W TH F | <input type="checkbox"/> Week 10 Aug 26 - Aug 30 M T W TH F |
| <input type="checkbox"/> Week 3 Jul 8 - Jul 12 M T W TH F | <input type="checkbox"/> Week 7 Aug 5 - Aug 9 M T W TH F | Parent's/Guardian's Initials: _____ |
| <input type="checkbox"/> Week 4 Jul 15 - Jul 19 M T W TH F | <input type="checkbox"/> Week 8 Aug 12 - Aug 16 M T W TH F | |

Camp Disclaimer

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 _____ and hereby give permission for him/her to participate in the SPORTIME Camp Program. We agree to abide by all program and other club rules and regulations, which now exist or which may be hereafter adopted or amended by SPORTIME Clubs, LLC ("SPORTIME"), including providing SPORTIME with medical forms 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. I hereby further declare my child to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent his/her participation in SPORTIME camp programs, services and activities. 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 such event SPORTIME's sole liability shall be a refund for unused camp days. SPORTIME retains the rights to any photographs or video taken in the context of the program to be used for publicity, marketing, social media or advertising. I understand that I will be charged for extended day care in the event that I drop off my child more than 15 minutes prior to the start of camp or pick up my child more than 15 minutes after the end of camp.

____ **SUNSCREEN PERMISSION:** New York State Public Health Law now requires written parental permission for a child to carry and use sunscreen at camp. The legislation further requires the camp to maintain record of the parental permission and allows camp staff to assist with the application of sunscreen when the child is unable to do so, provided the child requests the assistance and that this assistance is permitted/authorized by the parent. I hereby give permission for _____ to carry and use sunscreen at camp and to use it throughout the day. If my child needs help re-applying sunscreen, I give permission for camp staff to provide my child with assistance if he/she requests it.

____ **INSECT REPELLENT PERMISSION:** New York State Public Health Law now requires written parental permission for a child to carry and use insect repellent at camp. The legislation further requires the camp to maintain record of the parental permission and allows camp staff to assist with the application of insect repellent when the child is unable to do so, provided the child requests the assistance and that this assistance is permitted/authorized by the parent. I hereby give permission for _____ to carry and use insect repellent at camp and to use it throughout the day. If my child needs help re-applying insect repellent, I give permission for camp staff to provide my child with assistance if he/she it.

____ **OFF-SITE TRIP PERMISSION:** SPORTIME has my consent to take my child on camp trips off SPORTIME premises.

PARENT / GUARDIAN SIGNATURE

DATE

Important Information

1. Camp Medical Form must be completed before camp begins.
2. Camper Immunization records must be received before camp begins.

Enroll Today! Complete both sides of this application and return with the required deposit by mail, fax or register online:

Mail: SPORTIME Harbor Island Summer Camp, PO Box 783, Mamaroneck, NY 10543 / **Fax:** 914-835-3657 / **Register Online:** www.SportimeCamps.com/Hi
 Please contact us at 914-777-5050 or email campshi@sportimemy.com with any questions.