



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 2020	
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? <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Mail <input type="checkbox"/> Web <input type="checkbox"/> Social Media _____ <input type="checkbox"/> Ad _____ <input type="checkbox"/> Referral, who can we thank? _____							
T-Shirt Size: <input type="checkbox"/> YSmall <input type="checkbox"/> YMedium <input type="checkbox"/> YLarge <input type="checkbox"/> YX-Large <input type="checkbox"/> ASmall <input type="checkbox"/> AMedium <input type="checkbox"/> ALarge <input type="checkbox"/> AX-Large							

Camp Pricing Costs listed are Per Diem.

CAMP PROGRAM	1-11 DAYS	12-24 DAYS	25+ DAYS	FULL SUMMER	QTY	COST
<input type="checkbox"/> Mini Stars Camp: 9:00AM - 4:00PM	\$115.00	\$100.00	\$90.00	\$3295.00	_____	\$ _____
<input type="checkbox"/> Junior Multi-Sport: 9:00AM - 4:00PM	\$125.00	\$110.00	\$100.00	\$3495.00	_____	\$ _____
<input type="checkbox"/> Tennis Camp: 9:00AM - 4:00PM	\$135.00	\$120.00	\$110.00	\$3695.00	_____	\$ _____
SUB-TOTAL CAMP COST					_____	\$ _____
<input type="checkbox"/> SIBLING DISCOUNT: 5% OFF FOR 2ND CHILD AND 10% FOR EACH ADDITIONAL CHILD					_____	-\$ _____
<input type="checkbox"/> ADD ON: EXTENDED DAY AM COST: 8:00AM - 9:00AM		\$5.00/DAY			_____	\$ _____
<input type="checkbox"/> ADD ON: EXTENDED DAY PM COST: 4:00PM - 6:00PM		\$15.00/DAY			_____	\$ _____
TOTAL CAMP					_____	\$ _____
25% DEPOSIT REQUIRED BEFORE MAY 1, 2020					_____	-\$ _____
BALANCE DUE BY JUNE 1, 2020					_____	\$ _____

Please note that the option to purchase lunch is NOT available. Packed lunch is required

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, 2020. Payment in full is required for registration after June 1, 2020. 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, 2020. Adding additional camp weeks after June 1, 2020, 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, 2020. Any request for a refund of camp tuition or deposit (less a \$100 per week cancellation fee) must be received prior to June 1, 2020. No refunds will be given after June 1, 2020. 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
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Enroll Today! Complete both sides of this application and return with the required deposit by mail, fax or register online:

Mail: SPORTIME Lynbrook Summer Camp, 175 Merrick Road, Lynbrook, NY 11563 / **Fax:** 516-593-7462 / **Register Online:** www.SportimeCamps.com/LB
Please contact us at 516-887-1330 or email campslb@sportimemy.com with any questions.



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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 29 - Jul 3 | M T W TH F | <input type="checkbox"/> Week 5 Jul 27 - Jul 31 | M T W TH F | <input type="checkbox"/> Week 9 Aug 24 - Aug 28 | M T W TH F |
| <input type="checkbox"/> Week 2 Jul 6 - Jul 10 | M T W TH F | <input type="checkbox"/> Week 6 Aug 3 - Aug 7 | M T W TH F | <input type="checkbox"/> Week 10 Aug 31 - Sept 4 | M T W TH F |
| <input type="checkbox"/> Week 3 Jul 13 - Jul 17 | M T W TH F | <input type="checkbox"/> Week 7 Aug 10 - Aug 14 | M T W TH F | Parent's/Guardian's Initials: _____ | |
| <input type="checkbox"/> Week 4 Jul 20 - Jul 24 | M T W TH F | <input type="checkbox"/> Week 8 Aug 17 - Aug 21 | 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 above-named camper 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. I understand and agree that SPORTIME retains the rights to any photographs or video taken of the named participant at SPORTIME facilities or at off-site SPORTIME programs or events, to be used for SPORTIME publicity, marketing, social media and advertising. SPORTIME's Privacy Policy can be viewed at: https://www.sportimeny.com/privacy_policy.php. 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

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