



**EHSC@ SPORTIME AMAGANSETT**  
 320 Abrahams Path, Box 778, Amagansett, NY 11930  
 TEL: (631) 267-CAMP (2267) | FAX: (631) 267-1082  
 EMAIL: ehsc@sportimemy.com  
 www.SportimeCamps.com/ehsc

**EHSC@SPORTIME AMAGANSETT**  
**Summer Camp 2024 Application**  
 RETURNING CAMPER  NEW CAMPER

**CAMP SEASON: JUNE 17, 2024 - AUGUST 30, 2024**

**GRADE ENTERING IN FALL 2024**

**Camper Information** Please complete all fields and print clearly.

CAMPER: FIRST NAME		LAST NAME		DATE OF BIRTH		GENDER	
						<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NON-BINARY	
MAILING ADDRESS				SCHOOL			
ADDRESS 2		CITY		STATE		ZIP	
ADDRESS 2		CITY		STATE		ZIP	
HOME PHONE							
PARENT/GUARDIAN 1: FIRST NAME		LAST NAME		MOBILE PHONE		EMAIL ADDRESS (REQUIRED)	
PARENT/GUARDIAN 2: FIRST NAME		LAST NAME		MOBILE PHONE		EMAIL ADDRESS (REQUIRED)	
EMERGENCY CONTACT: FIRST NAME		LAST NAME		RELATION TO CAMPER		CONTACT NUMBER	
ALLERGIES / HEALTH RESTRICTIONS				HOW DID YOU HEAR ABOUT US?			
				<input type="checkbox"/> Word of Mouth <input type="checkbox"/> Mail <input type="checkbox"/> Web <input type="checkbox"/> Instagram <input type="checkbox"/> Facebook <input type="checkbox"/> Print Ad <input type="checkbox"/> Referral			

**Camp Rates** Prices are per week and based on the amount of weeks of enrolled. Please select the program you are registering for and the total number of weeks your child will attend. There is a **2 Week Minimum**. 1 week enrollments may be accommodated based on availability and will be billed at the one week rate. Please call for availability and cost details.

ITEM DESCRIPTION	2-4 WEEKS	5-7 WEEKS	8-11 WEEKS	# WEEKS	TOTAL
<input type="checkbox"/> Junior Multi-Sport - Ages 6-13: 9:00am - 3:00pm	\$1,540	\$1,420	\$1,310		
<input type="checkbox"/> Preschool Camp Full Day - Ages 3-5: 9:00am - 3:00pm	\$1,540	\$1,420	\$1,310		
<input type="checkbox"/> Preschool Camp Half Day - Ages 3-5: 9:00am - 1:30pm	\$1,440	\$1,320	\$1,210		
<b>CAMP TOTAL</b>					
<b>BALANCE DUE IN FULL AT TIME OF REGISTRATION</b>					
<input type="checkbox"/> Sibling Discount: 5% off for 2nd Child and 10% for additional siblings					
<b>BALANCE WITH DISCOUNTS</b>					

**Schedule Selection** Please check all weeks that apply. Changes may be made until April 1st. Subject to availability.

<b>SELECT WEEK</b> <input type="checkbox"/> WEEK 1: JUN 17 - JUN 21 <input type="checkbox"/> WEEK 2: JUN 24 - JUN 28 <input type="checkbox"/> WEEK 3: JUL 1 - JUL 5 <input type="checkbox"/> WEEK 4: JUL 8 - JUL 12	<b>SELECT WEEK</b> <input type="checkbox"/> WEEK 5: JUL 15 - JUL 19 <input type="checkbox"/> WEEK 6: JUL 22 - JUL 26 <input type="checkbox"/> WEEK 7: JUL 29 - AUG 2 <input type="checkbox"/> WEEK 8: AUG 5 - AUG 9	<b>SELECT WEEK</b> <input type="checkbox"/> WEEK 9: AUG 12 - AUG 16 <input type="checkbox"/> WEEK 10: AUG 19 - AUG 23* <input type="checkbox"/> WEEK 11: AUG 26 - AUG 30* <small>*Weeks 10 and 11 are reserved for campers who have already attended camp for a minimum of 2 weeks.</small>
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**Payment Information** Please select your Payment Method and Agree to Payment Terms.

<b>CREDIT CARD</b> <input type="checkbox"/> I authorize SPORTIME to charge my credit card on file. <input type="checkbox"/> Please use this card: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER CARD NUMBER                      EXPIRATION                      CVV                      ZIP	<b>PAYMENT TERMS</b> 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 April 1, 2024. Payment in full is required for registration after April 1, 2024. Adding additional camp weeks after April 1, 2024, 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 April 1, 2024. Any request for a refund of camp tuition or deposit (less a \$100 per week cancellation fee) must be received prior to April 1, 2024. No refunds will be given after April 1, 2024. <b>There are no "make-ups" for absences and unused camp days/time will not be credited or refunded. Discounts cannot be combined.</b>
<b>CHARGE TO ACCOUNT</b> <input type="checkbox"/> I understand that I need a guaranteed form of payment on file, and I authorize SPORTIME to use it for payment(s) due on April 1, 2024.	PARENT/GUARDIAN SIGNATURE                      DATE
<b>CHECK OR CASH</b> <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> CASH                      AMOUNT <small>You must have a credit card on file if you are not paying in full.</small>	

**PLEASE COMPLETE THE REVERSE SIDE >**



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**Authorized Pick-Up List** Please list those allowed to pick-up your child, in addition to, the Parents/Guardians listed on the reverse. Valid ID required for pick-up.

FIRST NAME	LAST NAME	RELATION TO CAMPER	CONTACT PHONE
FIRST NAME	LAST NAME	RELATION TO CAMPER	CONTACT PHONE
FIRST NAME	LAST NAME	RELATION TO CAMPER	CONTACT PHONE

**Friend Requests (if any)**

FIRST NAME	LAST NAME
FIRST NAME	LAST NAME
FIRST NAME	LAST NAME

**Camp Liability Waiver, Assumption of Risk and Release, and Other Terms and Permissions**

Please initial the permissions to which you agree, and sign below.

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.sportimemy.com/privacy\\_policy.php](https://www.sportimemy.com/privacy_policy.php).

**INITIAL:**

\_\_\_\_ **SUNSCREEN PERMISSION:** New York State Public Health Law 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 the camper listed on the reverse, 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 requested.

\_\_\_\_ **INSECT REPELLENT PERMISSION:** New York State Public Health Law 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 the camper listed on the reverse, 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 requested.

\_\_\_\_ **OFF-SITE TRIP PERMISSION:** SPORTIME has my consent to take my child on camp trips off SPORTIME premises. Parents will be notified prior to any camp field trips.

PARENT/GUARDIAN SIGNATURE	DATE
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**Register Today!**

Complete both sides of this application and return with required deposit by mail, fax or email, or register conveniently online:  
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