

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Camper First Name	Camper Last Name	Nickname	Date of Birth	Grade and School Attending September 2019
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	Address 2	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Parent/Guardian 1 First Name	Last Name	Mobile Number	Email Address (Required)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Parent/Guardian 2 First Name	Last Name	Mobile Number	Email Address (Required)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Emergency Contact First Name	Emergency Contact Last Name	Relation to Camper	Emergency Contact Number
<input type="text"/>				
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? _____				

Camp Pricing Costs listed are per week.

CAMP PROGRAM	COST
<input type="checkbox"/> BEGINNER WEEKLY (Ages 5-10)	\$99.00
<input type="checkbox"/> BEGINNER INTERMEDIATE WEEKLY (Ages 11-17)	\$99.00
<input type="checkbox"/> HIGH SCHOOL - VARSITY/JUNIOR VARSITY AM SESSION	\$119.00
<input type="checkbox"/> HIGH SCHOOL - VARSITY/JUNIOR VARSITY PM SESSION	\$159.00

Camp Hours

CAMP PROGRAM	START TIME	END TIME
<input type="checkbox"/> BEGINNER	9:00AM	10:30AM
<input type="checkbox"/> BEGINNER INTERMEDIATE	10:30AM	12:30PM
<input type="checkbox"/> HIGH SCHOOL - VARSITY/JUNIOR VARSITY AM SESSION	9:00AM	10:30AM
<input type="checkbox"/> HIGH SCHOOL - VARSITY/JUNIOR VARSITY PM SESSION	4:00PM	6:00PM

Camp Location

Shenendehowa School District High School East: 970 Route 146, Clifton Park, NY 12065

Cost Recap

ITEM	# OF WEEKS	TOTAL
CAMP COST	_____	\$ _____
TOTAL		\$ _____
SIBLING DISCOUNT: 5% for 2nd Child		-\$ _____
BALANCE DUE IN FULL BY JUNE 1, 2019		\$ _____

Payment Information

AMOUNT IS: \$ _____ DEPOSIT PAYMENT IN FULL

PAYMENT INFORMATION: Enrollment is limited. Spaces are reserved on a first-come, first-served basis upon receipt of a completed application and payment in full. Any request for a refund of camp tuition 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.

PAYMENT METHOD:

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

<input type="text"/>	<input type="text"/>
CREDIT CARD NUMBER	EXP.
<input type="text"/>	<input type="text"/>
PARENT / GUARDIAN SIGNATURE	DATE

Schedule Selection

Please check all weeks and programs that apply. Changes may be made until June 1st. All changes after will be subject to availability.

- BEGINNER BEGINNER INTERMEDIATE
- Week 1 Jul 1 - Jul 4 Monday-Thursday
 Week 2 Jul 8 - Jul 11 Monday-Thursday
 Week 3 Jul 15 - Jul 18 Monday-Thursday
 Week 4 Jul 22 - Jul 25 Monday-Thursday
 Week 5 Jul 29 - Aug 1 Monday-Thursday
- HIGH SCHOOL - VARSITY/JUNIOR VARSITY
- AM Session 1 Jul 8 - Jul 18 Monday-Thursday
 AM Session 2 Jul 22 - Aug 1 Monday-Thursday
 PM Session 1 Jul 8 - Jul 18 Monday-Thursday
 PM Session 2 Jul 22 - Aug 1 Monday-Thursday

Parent's/Guardian's Initials: _____

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 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, 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.

<input type="text"/>	<input type="text"/>
PARENT / GUARDIAN SIGNATURE	DATE

Enroll Today! Complete this application and return with the required deposit by mail or fax:

Mail: Shenendehowa Summer Adventure, SPORTIME Schenectady, 2699 Curry Road, Schenectady, NY 12303 / Fax: 518-356-4797
 Please contact us at 518-356-0100 or email ssharpe@sportimemy.com with any questions.