



SPORTIME

2018-2019 SCHOOL BREAK CAMPS



SPORTIME SYOSSET TENNIS & MULTI-SPORT, 75 HASKETT DR, SYOSSET, NY 11791 • TEL: 516-364-2727 • FAX: 516-364-3928
 SPORTIME BETHPAGE TENNIS, 101 NORCROSS AVE, BETHPAGE, NY 11714 • TEL: 516-933-8500 • FAX: 516-937-7330

The best place for kids when they are not in school is a SPORTIME School Break Camp! We have planned ahead so you can plan ahead. Send your kids to SPORTIME for age and level appropriate tennis/sports drills, games and fun! Non-Members are welcome! Full Day 9:00-4:00 and Half Day options available 9:00-12:00 OR 1:00-4:00. Lunch included at an additional cost.

Camp Dates for Syosset/Bethpage

Holiday Break

- Wednesday, December 26
- Thursday, December 27
- Friday, December 28

Passover Break

- Monday, April 22
- Tuesday, April 23
- Wednesday, April 24
- Thursday, April 25
- Friday, April 26

Mid-Winter Break

- Monday, February 18
- Tuesday, February 19
- Wednesday, February 20
- Thursday, February 21
- Friday, February 22

JMTA Passover Break

- Thursday, April 18
- Friday, April 19
- Monday, April 22
- Tuesday, April 23
- Wednesday, April 24
- Thursday, April 25
- Friday, April 26

Camp Costs

	Member	Non-Member	#Days	Cost
<input type="checkbox"/> 9:00-12:00 Per Diem	\$65.00	\$85.00	_____	\$ _____
<input type="checkbox"/> 1:00-4:00 Per Diem	\$65.00	\$85.00	_____	\$ _____
<input type="checkbox"/> 9:00-4:00 Per Diem	\$120.00	\$140.00	_____	\$ _____
<input type="checkbox"/> 9:00-4:00PM Week Rate	\$450.00	\$550.00	n/a	\$ _____
<input type="checkbox"/> 1:00-4:00 JMTA Per Diem	\$100.00	n/a	_____	\$ _____
<input type="checkbox"/> 1:00-4:00PM JMTA 7 Days	\$600.00	n/a	n/a	\$ _____
PAYMENT AMOUNT				\$ _____

PERSONAL INFORMATION (Please print clearly.) M F

_____		_____
First Name	Last Name	DOB
Parent/Guardian's Name		
Billing Address		
_____	_____	_____
City	State	Zip
Home Phone #	Cell Phone #	
Email Address (required)		

Any medical conditions or other special needs?

Are you a SPORTIME Member? Yes No

PAYMENT INFORMATION

Payment by Check Enclosed Payment by Credit Card

_____	_____
Credit Card #	Exp. Date

Payment Terms, Liability Waiver and Assumption of Risk and Release

Participants must remit full payment along with a completed application in order to secure a spot in camp. Checks must be made payable to SPORTIME. By signing below I agree that I am the parent or legal guardian of the named participant, and that we will abide by all rules and regulations which now exist or which may be hereafter adopted or amended by SPORTIME Clubs, LLC ("SPORTIME"). I further acknowledge and agree that there are certain inherent dangers in playing tennis and that Sportime shall not be liable for any personal injuries, property damage, or other loss sustained by me and/or the named participant in, 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 the named participant and if an emergency contact person cannot be reached, I grant SPORTIME permission to obtain medical attention if necessary, for which I will be financially responsible. SPORTIME reserves the right to close courts for repair or alterations. SPORTIME reserves the right to cancel this contract at any time, at its sole discretion, and SPORTIME's sole liability shall be to refund any amounts previously paid on a pro rata basis. SPORTIME retains the rights to any photographs or video taken at the facility to be used for publicity or advertising.

SIGNATURE _____

DATE _____

Register Today! To register, complete this application form and submit it by mail, fax or email. For more information, please call your club of choice.

Bethpage: 516-933-8500

www.SportimeNY.com/BT | schilds@sportimemy.com



Syosset: 516-364-2727

www.SportimeNY.com/STM | jelgayeh@sportimemy.com