

SPORTIME SYOSSET TENNIS

Summer Camp 2024 Application

☐ EXISTING CAMPER ☐ NEW CAMPER

PLEASE COMPLETE THE REVERSE >

CAMP SEASON: JULY 1, 2024 - AUGUST 30, 2024

Camper Information Please complete			early.	,			,							
CAMPER: FIRST NAME	NAME					GENDI	ER							
CAMPER EMAIL ADDRESS (IF 13 AND OVER) CAMPEI			PER MOBILE NUMBER (IF 13 AND OVER)				SCHOOL & GRADE ENROLLED SEPT				MALE	□ MALE		
G. IIII EN EINNEANSONESS (II ESANTS STEIN)	R MOBILE NOMBER (IF 13 AND OVER)					SCHOOL & GRADE ENROLLED SEPT								
STREET ADDRESS 2			CITY			STATE ZIP			HOME PHONE					
PARENT/GUARDIAN 1: FIRST NAME LAST NAME			MOBILE PHONE EMAIL ADDRESS					DDRESS (REQU	IRED)					
PARENT/GUARDIAN 2: FIRST NAME LAST NAME			MOBILE PHONE				EMAIL ADDRESS (REQUIRED)							
EMERGENCY CONTACT: FIRST NAME LAST NAME			RELATION TO PLAYER					CONTACT NUMBER						
ALLERGIES / HEALTH RESTRICTIONS			HOW DID YOU		BOUT US?	□ Web	□Inst	agram l	□ Facebook	☐ Twitter	□ Print Ad	П Ве	eferral	
Camp Costs Please select the camp you a	are registerir	og for an											icitai	
ITEM DESCRIPTION	are registerii	ig ioi aiii	1-4 WEEKS		WEEKS	FULL SU		25 D		DAILY	#WEEKS/	DAYS	TOTAL	
	1:00am - 4:00	nm	\$865.00		15.00					\$215.00	#VVEEKS/	DAIS	IOIAL	
☐ JMTA Full Day: Green/Yellow - Ages 7-18: 9:00am - 4:00pm			\$625.00	<u> </u>	75.00	\$6,705.00				\$145.00				
☐ JMTA Half Day - Green/Yellow - Ages 7-18: 9:00am - 12:00pm (Morning)														
☐ JMTA Half Day - Green/Yellow - Ages 7-18: (Afternoon)	\$625.00	\$5	75.00	5.00 \$4,455.00		\$3,02	25.00	\$145.00						
☐ JMTA Mac Full Day: Red/Orange- Ages 5-10: 9:00am - 4:00pm			\$790.00	\$7	735.00 \$5		\$5,810.00		50.00	\$195.00				
☐ JMTA Mac Half Day: Red/Orange- Ages 5-10: 9:00am - 12:00pm (Morning)			\$575.00	\$5	25.00	\$4,025.00		\$2,75	50.00	\$135.00				
☐ JMTA Mac Half Day: Red/Orange- Ages 5-10: 1:00pm-4:00pm (Afternoon)			\$575.00	\$5	\$525.00		\$4,025.00		50.00	\$135.00				
CAMP TOTAL														
DEPOSIT: Required 25% deposit required b	efore May 1	, 2024												
☐ Sibling Discount: 5% off for additional C														
☐ ADD ON: Lunch Option			\$12/Per Day			\$55/Per Week								
BALANCE WITH DISCOUNTS/ADD-ONS DU	E BY JUNE 1,	2024												
Schedule Selection Please check all we	eeks/or indiv	idual day	ys that apply. Cl	hanges	s may be	made un	til June	1st. All o	changes the	ereafter will	be subject	to avai	lability.	
NO CAMP ON JULY 4, 2024. SELECT WEEK OR CHECK DAY M T V	V T F	SELECT	WEEK OR CHEC	K DAY	М	T W	T F	SELE	ECT WEEK C	R CHECK DA	Y M	T W	/ T F	
			EEK 5: JUL 29 - A					☐ WEEK 9: AUG 26 - AUG						
□ WEEK 2: JUL 8 - JUL 12		☐ WEEK 6: AUG 5 - AUG 9							25 DAYS *F	AYS *Please Select Your Days*				
☐ WEEK 3: JUL 15 - JUL 19		☐ WEEK 7: AUG 12 - AUG			6				Daily		· ·			
☐ WEEK 4: JUL 22 - JUL 26		☐ WEEK 8: AUG 19 - AUG 2			3			1 🗀						
Payment Information Please select yo	ur Payment	Method	and Agree to Pa	yment	Terms.			_						
CREDIT CARD					PAYME	NT TERM	ЛS							
☐ I authorize SPORTIME to charge my credit card on file.					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									
□ Please use this card: □ MC □ VISA □ AMEX □ DISCOVER					on June 1, 2024. Payment in full is required for registration after June 1, 2024.									
CARD NUMBER EXPIRATION				Registrants already enrolled in the SPORTIME Easy Pay Plan for other programs will be automatically enrolled in Full Autopay for camp, with payments processed										
		2,1110,111			on May	1, 2024.	Adding	addition	al camp we	eeks after Ju	ine 1, 2024,	if spac	e	
☐ Check here to make this your guaranteed form of payment on file.					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									
Check here to make this your guaranteed	form of pay	ment on	η file.		any bala	ance due	on June	1, 2024	. Any requ	est for a refu	und of camp	tuitio	n or	
CHARGE TO ACCOUNT										fee) must be . , 2024. The i				
☐ I understand that I need a guaranteed for authorize SPORTIME to use it for paymer		nt on file	e, and I							not be cred				
CHECK OR CASH					PARENT/GUARDIAN SIGNATURE DATE									
□ CHECK # □ CASH														
You must have a credit card on file if you are not paying in	full.													



SPORTIME Syosset Tennis/JMTA Long Island 75 Hasket Drive, Syosset, NY 11791 **TEL**: (516) 364-2727

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CAMP SEASON: JULY 1, 2024 - AUGUST 30, 2024

FIRST NAME	LAST NAME	RELATION TO CAMPER	CONTACT PHONE
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FIRST INAIVIE	LAST NAIVIE	RELATION TO CAMPER	CONTACT PHONE
Camp Liability Waiver A	ssumption of Rick and Release a	nd Other Terms & Permissions (Pla	ase initial the permissions to which you agree, and sign
below.)	ssumption of hisk and helease at	Ta Other Terms & Termssions (Tie	ase initial the permissions to which you agree, and sign
By signing helow Lagree that I	am the parent or legal guardian of above	-named camper and hereby give permissio	n for him/her to participate in the SPORTIME Camp
, , , ,		. , , , ,	hereafter adopted or amended by SPORTIME Clubs,
LLC ("SPORTIME"), including p	roviding SPORTIME with medical forms ar	nd records of immunization upon request. I	further acknowledge and agree that there are certain
		•	for any personal injuries, property theft or damage, or
	· · ·		es, equipment or other property of SPORTIME. I hereby
1	. , ,		other illness that would prevent his/her participation
			contact person cannot be reached, I grant SPORTIME ME reserves the right to cancel this contract at any
1 '		, ,	tand and agree that SPORTIME retains the rights to any
1. 0.		1 0	vents, to be used for SPORTIME publicity, marketing,
1	• • •		policy.php. I understand that I will be charged for
extended day care in the even	t that I drop off my child more than 15 mi	nutes prior to the start of camp or pick up	my child more than 15 minutes after the end of camp.
SUNSCREEN PERMISSI	ON: New York State Public Health Law no	w requires written parental permission for	a child to carry and use sunscreen at camp. The
			assist with the application of sunscreen when the child
1	·	•	by the parent. I hereby give permission for the camper
1	· · ·	se 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 PER	RMISSION: New York State Public Health	Law now requires written parental permiss	sion for a child to carry and use insect repellent at
	•		np staff to assist with the application of insect repellent
1	·	•	tted/authorized by the parent. I hereby give permission
	the reverse, to carry and use insect repells staff to provide my child with assistance		ay. If my child needs help re-applying insect repellent, I
055 6175 7010 55554	CION COOTING I		
OFF-SITE TRIP PERMIS	SIUN: SPURTIME has my consent to take	my child on camp trips off SPORTIME prem	ilses.
PARENT/GUARDIAN SIGNATURE			DATE





Register Today!

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