



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 2019 _____

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? Word of Mouth Mail Web Social Media _____ Ad _____ Referral, who can we thank? _____

Camp Pricing

Costs listed are per week except 20 Day and Per Diem. Per Diem pricing available after June 1st.

| CAMP PROGRAM | 1-3 WKS | 4-7 WKS | 8-10 WKS | 20 DAYS | PER DIEM |
|--|----------|----------|----------|------------|----------|
| <input type="checkbox"/> JMTA Tennis: Full Day | \$675.00 | \$625.00 | \$575.00 | \$2,500.00 | \$165.00 |
| <input type="checkbox"/> JMTA Tennis: Half Day | \$425.00 | \$380.00 | \$350.00 | \$1,520.00 | \$100.00 |

CAMP ADD-ONS

- Lunch: \$10.00 Per Diem / \$45.00 Per Week
- After Care: \$10.00 Per Diem / \$45.00 Per Week

Cost Recap

| ITEM | # OF WKS/DAYS | TOTAL |
|--|---------------|-----------------|
| CAMP COST | _____ | \$ _____ |
| LUNCH COST | _____ | \$ _____ |
| AFTER CARE COST | _____ | \$ _____ |
| TOTAL | | \$ _____ |
| SIBLING DISCOUNT: 5% for 2nd Child | | -\$ _____ |
| BALANCE DUE | | \$ _____ |
| DEPOSIT: 25% OF TOTAL TUITION | | -\$ _____ |
| 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 a 25% deposit. All balances are due on June 1, 2019. Payment in full is required for registration after June 1, 2019. 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, 2019. Adding additional camp weeks after June 1, 2019, 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, 2019. Any request for a refund of camp tuition or deposit (less a \$100 per week cancellation fee) 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. VALID CREDIT CARD INFORMATION MUST BE PROVIDED ON THIS APPLICATION IN ORDER FOR A CAMP SPACE TO BE RESERVED.

PAYMENT METHOD:

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

CREDIT CARD NUMBER _____ EXP. _____

PARENT / GUARDIAN SIGNATURE _____ DATE _____

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.

- Week 1 Jun 24 - Jun 28 M T W TH F
- Week 2 Jul 1 - Jul 5 M T W **OFF** F
- Week 3 Jul 8 - Jul 12 M T W TH F
- Week 4 Jul 15 - Jul 19 M T W TH F
- Week 5 Jul 22 - Jul 26 M T W TH F
- Week 6 Jul 29 - Aug 2 M T W TH F
- Week 7 Aug 5 - Aug 9 M T W TH F
- Week 8 Aug 12 - Aug 16 M T W TH F
- Week 9 Aug 19 - Aug 23 M T W TH F
- Week 10 Aug 26 - Aug 30 M T W TH F

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.

PARENT / GUARDIAN SIGNATURE _____ DATE _____

Enroll Today!

Complete this application and return with the required deposit by mail, fax or Register Online:

Mail: SPORTIME Syosset Summer Camp, 75 Haskett Drive, Syosset, NY 11791 / Fax: 516-364-3928 / Register Online: www.SportimeCamps.com/STM

Please contact us at 516-364-2727 or email campstm@sportimeny.com with any questions.