



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: _____

CAMPER ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ SCHOOL AND GRADE ATTENDING SEPTEMBER 2018: _____

HEALTH / ALLERGIES RESTRICTIONS (IF ANY): _____

HOW DID YOU HEAR ABOUT OUR CAMP? WORD OF MOUTH MAIL WEB SOCIAL MEDIA AD REFERRAL, WHO CAN WE THANK? _____

Responsible Party Information

PARENT 1 / GUARDIAN'S FIRST NAME: _____ PARENT 1 / GUARDIAN'S LAST NAME: _____

EMAIL ADDRESS: _____ HOME PHONE: _____ MOBILE PHONE: _____

PARENT 2 / GUARDIAN'S FIRST NAME: _____ PARENT 2 / GUARDIAN'S LAST NAME: _____

EMAIL ADDRESS: _____ HOME PHONE: _____ MOBILE PHONE: _____

EMERGENCY CONTACT: _____ RELATION TO CAMPER: _____ EMERGENCY PHONE: _____

Camp Pricing Costs listed are per week except 20 Day and Per Diem options.

CAMP PROGRAM	7-10 WKS	4-6 WKS	1-3 WKS	20 DAYS	PER DIEM
<input type="checkbox"/> Full Day: 9:00AM - 4:00PM	\$269.00	\$299.00	\$329.00	\$1,196.00	\$99.00
<input type="checkbox"/> Half Day: 1:00PM - 4:00PM	\$199.00	\$229.00	\$249.00	\$916.00	\$85.00

CAMP ADD-ONS

Lunch: Per Diem \$7.00

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 25 - Jun 29 M T W TH F

Week 2 Jul 2 - Jul 6 M T W TH F

Week 3 Jul 9 - Jul 13 M T W TH F

Week 4 Jul 16 - Jul 20 M T W TH F

Week 5 Jul 23 - Jul 27 M T W TH F

Week 6 Jul 30 - Aug 3 M T W TH F

Week 7 Aug 6 - Aug 10 M T W TH F

Week 8 Aug 13 - Aug 17 M T W TH F

Week 9 Aug 20 - Aug 24 M T W TH F

Week 10 Aug 27 - Aug 31 M T W TH F

Parent's/Guardian's Initials: _____

Cost Recap

ITEM	# OF WKS/DAYS	TOTAL
CAMP COST	_____	\$ _____
TOTAL		\$ _____
SIBLING DISCOUNT: 5% for 2nd Child		-\$ _____
LUNCH COST	_____	\$ _____
BALANCE DUE		\$ _____
DEPOSIT: 25% OF TOTAL TUITION		-\$ _____
BALANCE DUE IN FULL BY JUNE 1, 2018		\$ _____

Payment Information

AMOUNT IS: \$ _____ DEPOSIT PAYMENT IN FULL

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: _____

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, 2018. Payment in full is required for registration after June 1, 2018. 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, 2018. Adding additional camp weeks after June 1, 2018, 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, 2018. Any request for a refund of camp tuition or deposit (less a \$100 per week cancellation fee) must be received prior to June 1, 2018. No refunds will be given after June 1, 2018. 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.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Important Information

The following forms are due to the club prior to camp start date and can be picked up at the club or downloaded at www.SportimeCamps.com/SCH:

1. Consent for Treatment
2. Health Certificate Appraisal (NYS form)*
3. Sunscreen Permission Form
4. Parental Agreement
5. Immunization Record*
6. Insect Repellent Permission Form

*These forms must be completed by the camper's physician.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Liability Waiver, Assumption of Risk and Release:

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, 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. SPORTIME retains the rights to any photographs or video taken in the context of the program to be used for publicity or advertising. I understand that I will be charged for extended day care in the event that I drop off my child more than 15 minutes prior to the start of camp or pick up my child more than 15 minutes after the end of camp.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____