



☐ Private Tennis Lessons (cost varies by coach)

USTA Tournaments.

Private Strength or Speed, Agility and Quickness Training (subject to availability): \$150/hour

## **SPORTIME AMAGANSETT** 631-267-3460

## **2018 JMTA TENNIS TRAINING CAMP APPLICATION**

320 Abrahams Path, Amagansett NY 11930 | www.SportimeCamps.com/JMTA-AM

	In order for this app	plication to be processe	ed, please complete a	all requir	red information	and return with required	d deposit. Please	print clearly.					
Camper Information		GENDER □ M	ALE   FEMALE		Respor	sible Party	Informat	ion					
CAMPER FIRST NAME	CAMPER LAST NAME				PARENT 1 / GU	ARDIAN'S FIRST NAME	PAREN'	T 1 / GUARDIAN'S LAST NA	ME				_
CAMPER EMAIL ADDRESS (IF 13 AND O'	(ED)	DATE OF BIRTH	USTA NUMBER		EMAII ADDRES	SS (REQUIRED)							
CAMPEN EMAIL ADDRESS (IF 13 AND O	ven) L	DATE OF BIRTH	USTA NOWIBER		EWAIL ADDRES	33 (NEQUINED)							
BILLING: STREET ADDRESS					HOME PHONE		MOBILE PHONE	E BL	JSINESS	PHONE			_
CITY		STATE	ZIP CODE		PARENT 2 / GU	ARDIAN'S FIRST NAME	PAREN	Γ2 / GUARDIAN'S LAST NA	ME				
SCHOOL AND GRADE ATTENDING SEPT	EMBER 2018				EMAIL ADDRES	SS							
HEALTH RESTRICTIONS / ALLERGIES (IF					HOME PHONE		MOBILE PHONE	BU	ISINESS	PHONE			$\equiv$
HOW DID YOU HEAR ABOUT OUR CAME			SOCIAL MEDIA		EMERGENCY (	CONTACT		RELATION TO CAMPER		FRGEN	ICY PHO	ONE	
													_
Camp Pricing Costs lis	sted are weekly. Per D	Diem pricing is ava	ailable after June	e 1 onl	ly.		T-Shir	t Size					
CAMP PROGRAM		8-11 WEEKS	4-7 WEEKS	S 1-	3 WEEKS	PER DIEM	☐ YSma	all □ YMedium □	YLarg	е 🗆	YX-L	.arge	
☐ JMTA TENNIS TRAINI	NG - FULL DAY	\$880.00	\$995.00	\$1	125.00	\$275.00	☐ ASma	all 🗆 AMedium 🗅	ALarg	e □	AX-L	.arge	
TRANSPORTATION							Cobos	dule Selection					
☐ ROUND TRIP PER WEEK	\$175 🗆 ROUND	TRIP PER DAY \$	50					check all weeks that	-	v or c	circle	davs f	or
□ ONE WAY PER WEEK \$90	ONE WAY PE	R DAY \$25 □	70% SIBLING	DISC	OUNT FOR	TRANSPORT	daily op	tions. Changes ma	ay be n	nade	until	June	
Pick Up Locations				Pick	d Up	Drop Off	1st. All	changes after will b	e subj	ect to	o ava	lability	y.
•	(Green Thumb Organi	ic Farm, 829 Mon	tauk Hway)	8:05	•	5:00pm	□ Week	1 Jun 18 - Jun 22	M	Т	W	TH	F
□ BRIDGEHAMPTON	(Train Station, Maple I	Lane and Butter L	ane)	8:20	am	4:45pm	□ Week	2 Jun 25 - Jun 29	M	Т	W	TH	F
□ WAINSCOTT	(Wainscott School, 47	' Main Street)		8:40	am	4:25pm	□ Week	3 Jul 2 - Jul 6	M	Т	W	TH	F
□ MONTAUK	(Montauk Skate Park,	Essex Street)		8:30	am	4:30pm	□ Week	4 Jul 9 - Jul 13	M	Т	W	TH	F
Cost Recap							□ Week	5 Jul 16 - Jul 20	M	Т	W	TH	F
ITEM			# OF	WKS	/DAYS	TOTAL	□ Week	6 Jul 23 - Jul 27	M	Т	W	TH	F
CAMP COST			_		\$		□ Week	7 Jul 30 - Aug 3	M	Т	W	TH	F
TRANSPORTATION COST	Т		-		\$		□ Week	8 Aug 6 - Aug 10	M	Т	W	TH	F
TOTAL					\$		□ Week	9 Aug 13 - Aug 17	M	Т	W	TH	F
DEPOSIT: 25% OF TOTAL	PRIOR TO APRIL	30, 2018	-		\$		□ Week	10 Aug 20 - Aug 2	4 M	Т	W	TH	F
BALANCE DUE IN FULL	BY JUNE 1, 2018				\$		□ Week	11 Aug 27 - Aug 3	1 M	Т	W	TH	F
							Parent's	/Guardian's Initials	:		_		
Payment Information	n												
AMOUNT IS: \$	DEPOS	SIT   PAYMEN	NT IN FULL					<b>ter Today!</b> te both sides of th	ic onr	olioot	ion o	nd	
PAYMENT METHOD:								rith the required d					
	CHARGE TO MY A	ACCOUNT: I auth	-	-			register	conveniently onlin					
☐ CREDIT CARD: ☐ MC	□ Visa □ AMEX		CREDIT CARD N	NUMBER		EXP	Mail:	JMTA Summer SPORTIME Am			ning	Camp	)
REGISTRATION INFORMAT								PO Box 778	ayans	) <del>C</del> II			
upon receipt of a completed a is required for registration after	1.1				,	,		Amagansett, N	Y 1190	30			
not result in any retroactive dis the credit card provided for a							Fax:	631-267-1082					
(less a \$100 per week cancel								www.Sportime(					1
1, 2018. There are no "make-ticked CREDIT CARD INFORMATION"								contact us at 631- sett@sportimeny					ons.
TO BE RESERVED.	JN MOST BEFROVI	DED ON THIS A	FFLICATION	VOND	LHIOHA	CAIVIF SFACE					, 9		
		PARENT/GUARD	NAN SIGNATURE			DATE							
					-								
Additional Services	and and		dia acces - /- 1	ماد									
Please check below, if inter	estea, and we will	contact you to (	JISCUSS/SCNedl	uie.									

Liability Waiver, Assumption of Risk and Release: By signing below I achim/her to participate in the SPORTIME Camp Program. We agree to abide or amended by SPORTIME Clubs, LLC ("SPORTIME"), including providing agree that there are certain inherent dangers in participating in tennis, sportheft or damage, or other loss sustained by my child, off, on or about the premisher of the programs, services and activities. In case of accident or into obtain medical attention for my child, if necessary, for which I will be financin such event SPORTIME's sole liability shall be a refund for unused camp be used for publicity or advertising. I understand that I will be charged for expick up my child more than 15 minutes after the end of camp.	y all program and other club rules and regula SPORTIME with medical forms and records is and other camp activities, and that SPORT ses of SPORTIME, or arising out of the use of the coorditions, impairment, disease, infirmity and the coordinate of the coordinate ally responsible. SPORTIME reserves the rigal ays. SPORTIME retains the rights to any phe ended day care in the event that I drop off me	ations, which now exist or which may be hof immunization upon request. I further a FIME shall not be liable for any personal in fany facilities, equipment or other propert or other illness that would prevent his/heperson cannot be reached, I grant SPOR that to cancel this contract at any time, at it totographs or video taken in the context of	ereafter adopted cknowledge and njuries, property y of SPORTIME. r participation in FIME permission is sole discretion; if the program to
requires the camp to maintain record of the parental permission and allows child requests the assistance and that this assistance is permitted/authorize sunscreen at camp and to use it throughout the day. If my child needs help quests it.	d by the parent. I hereby give permission for capplying sunscreen, I	r	to carry and use
Insect Repellent Permission: New York State Public Health Law now rec further requires the camp to maintain record of the parental permission and vided the child requests the assistance and that this assistance is permitted and use insect repellent at camp and to use it throughout the day. If my classistance if he/she requests it.	Ilows camp staff to assist with the application authorized by the parent. I hereby give permild needs help re-applying insect repellent,	n of insect repellent when the child is una ission for	ole to do so, pro- to carry
further requires the camp to maintain record of the parental permission and vided the child requests the assistance and that this assistance is permitted and use insect repellent at camp and to use it throughout the day. If my cl	Ilows camp staff to assist with the application authorized by the parent. I hereby give permild needs help re-applying insect repellent,	n of insect repellent when the child is una nission for I give permission for camp staff to provi	ble to do so, pro- to carry de my child with
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further requires the camp to maintain record of the parental permission and vided the child requests the assistance and that this assistance is permitted and use insect repellent at camp and to use it throughout the day. If my classistance if he/she requests it.  Off-Site Trip Permission: SPORTIME has my consent to take my child on Transportation and Daily Pick-Up: Daily round-trip bus transportation is a Wainscott (Wainscott School, south of Rt. 27). Please list the names of people Name Relations	Illows camp staff to assist with the application authorized by the parent. I hereby give permild needs help re-applying insect repellent,  PARE  Camp trips off SPORTIME premises.  PARE	n of insect repellent when the child is una hission for I give permission for camp staff to provient/GUARDIAN SIGNATURE  ENT/GUARDIAN SIGNATURE  Entry (Green Thumb), Bridgehampton (to one of these stops or at the tennis club e	ble to do so, proto carry de my child with  DATE  DATE
further requires the camp to maintain record of the parental permission and vided the child requests the assistance and that this assistance is permitted and use insect repellent at camp and to use it throughout the day. If my classistance if he/she requests it.  Off-Site Trip Permission: SPORTIME has my consent to take my child on Transportation and Daily Pick-Up: Daily round-trip bus transportation is a Wainscott (Wainscott School, south of Rt. 27). Please list the names of people	Illows camp staff to assist with the application authorized by the parent. I hereby give permilid needs help re-applying insect repellent,  PARE  camp trips off SPORTIME premises.  PARE  ailable. Pick-up and drop-off points are: Wat e your child can be left with/picked up by at hip  F	n of insect repellent when the child is una hission for	ble to do so, proto carry de my child with  DATE  DATE
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## **Register Today!**

Complete both sides of this application and return it with the required deposit to SPORTIME Amagansett JMTA Summer Tennis Training Camp by mail, fax or register conveniently online:

Mail: PO Box 778, Amagansett, NY 11930 | Fax: 631-267-1082 | Online: www.SportimeCamps.com/JMTA-AM



