



JMTA HAMPTONS/SPORTIME AMAGANSETT
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 www.SportimeCamps.com/JMTA-AM

JMTA Hamptons
Summer Training Camp 2024 Application
 RETURNING CAMPER NEW CAMPER

CAMP SEASON: JUNE 10, 2024 - AUGUST 30, 2024

Camper Information Please complete all fields and print clearly.

CAMPER: FIRST NAME		LAST NAME		DATE OF BIRTH	
BILLING ADDRESS			APT #	SCHOOL & GRADE ENROLLED SEPT 2023	
ADDRESS 2		CITY	STATE	ZIP	HOME PHONE
PARENT/GUARDIAN 1: FIRST NAME		LAST NAME	MOBILE PHONE	EMAIL ADDRESS (REQUIRED)	
PARENT/GUARDIAN 2: FIRST NAME		LAST NAME	MOBILE PHONE	EMAIL ADDRESS (REQUIRED)	
EMERGENCY CONTACT: FIRST NAME		LAST NAME	RELATION TO CAMPER	CONTACT NUMBER	
ALLERGIES / HEALTH RESTRICTIONS					
HOW DID YOU HEAR ABOUT US? <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Mail <input type="checkbox"/> Web <input type="checkbox"/> Instagram <input type="checkbox"/> Facebook <input type="checkbox"/> Print Ad <input type="checkbox"/> Referral				T-SHIRT SIZE <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> YXL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL	

Camp Costs Junior Tennis Membership included with camp costs (\$850 Value). Free use of tennis courts while students are enrolled in JMTA and any time when Adult Members are not waiting to use courts. Prices are based on amount of weeks or per diem options. Per Diem is subject to availability and must be pre-approved by JMTA Director, Josep Baro.

ITEM DESCRIPTION	WEEKS	COST	#WEEKS/DAYS	TOTAL
<input type="checkbox"/> JMTA Green & Yellow - Ages 8-18: 10:15am - 4:00pm	1-2 WEEKS	\$1,535.00		
<input type="checkbox"/> JMTA Green & Yellow - Ages 8-18: 10:15am - 4:00pm	3-7 WEEKS	\$1,425.00		
<input type="checkbox"/> JMTA Green & Yellow - Ages 8-18: 10:15am - 4:00pm	8-12 WEEKS	\$1,315.00		
CAMP TOTAL				
BALANCE DUE: Balance due in full at time of registration.				

Spring JMTA Yellow & Green Ball and Mac Red & Orange Ball Programs Begin April 13, 2024

Additional Services Please check below, if interested, and we will contact you to discuss/schedule.

<input type="checkbox"/> Private Tennis Lessons (cost varies by coach)	<input type="checkbox"/> USTA Tournaments - Please provide ranking/standing:
<input type="checkbox"/> Private Strength or Speed, Agility & Quickness Training (subject to availability): (cost varies by coach)	<input type="checkbox"/> Universal Tennis Matches - Please provide current UTR Level:

Schedule Selection Please check all weeks/or individual days that apply. Changes may be made until June 1st. All changes after will be subject to availability.

SELECT WEEK	SELECT WEEK	SELECT WEEK
<input type="checkbox"/> WEEK 1: JUN 10 - JUN 14	<input type="checkbox"/> WEEK 5: JUL 8 - JUL 12	<input type="checkbox"/> WEEK 9: AUG 5 - AUG 9
<input type="checkbox"/> WEEK 2: JUN 17 - JUN 21	<input type="checkbox"/> WEEK 6: JUL 15 - JUL 19	<input type="checkbox"/> WEEK 10: AUG 12 - AUG 16
<input type="checkbox"/> WEEK 3: JUN 24 - JUN 28	<input type="checkbox"/> WEEK 7: JUL 22 - JUL 26	<input type="checkbox"/> WEEK 11: AUG 19 - AUG 23
<input type="checkbox"/> WEEK 4: JUL 1 - JUL 5	<input type="checkbox"/> WEEK 8: JUL 29 - AUG 2	<input type="checkbox"/> WEEK 12: AUG 26 - AUG 30

Authorized Pick-Up List Please list those allowed to pick-up your child, in addition to, the Parents/Guardians listed on the reverse. Valid ID required for pick-up.

FIRST NAME	LAST NAME	RELATION TO CAMPER	CONTACT PHONE
FIRST NAME	LAST NAME	RELATION TO CAMPER	CONTACT PHONE
FIRST NAME	LAST NAME	RELATION TO CAMPER	CONTACT PHONE

PLEASE COMPLETE THE REVERSE >

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Payment Information Please select your Payment Method and Agree to Payment Terms.

CREDIT CARD		PAYMENT TERMS			
<input type="checkbox"/> I authorize SPORTIME to charge my credit card on file.		<p>Enrollment is limited. Spaces are reserved on a first-come first-served basis upon receipt of a completed application. All balances are due in full at time of registration. Adding additional camp weeks after January 31, 2024, 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 January 31, 2024. Any request for a refund of camp tuition or deposit (less a \$100 per week cancellation fee) must be received prior to March 31, 2024. No refunds will be given after March 31, 2024. There are no "make-ups" for absences and unused camp days/time will not be credited or refunded.</p>			
<input type="checkbox"/> Please use this card: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER					
CARD NUMBER	CCV			EXPIRATION	ZIP CODE
<input type="checkbox"/> Check here to make this your guaranteed form of payment on file.					
CHARGE TO ACCOUNT					
<input type="checkbox"/> I understand that I need a guaranteed form of payment on file, and I authorize SPORTIME to use it for payment(s) due.		PARENT/GUARDIAN SIGNATURE			
CHECK OR CASH		DATE			
<input type="checkbox"/> CHECK # _____	<input type="checkbox"/> CASH	AMOUNT			
You must have a credit card on file if you are not paying in full.					

Camp Liability Waiver, Assumption of Risk and Release, and Other Terms and Permissions

Please initial the permissions to which you agree, and sign below.

By signing below I agree that I am the parent or legal guardian of 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. I understand and agree that SPORTIME retains the rights to any photographs or video taken of the named participant at SPORTIME facilities or at off-site SPORTIME programs or events, to be used for SPORTIME publicity, marketing, social media and advertising. SPORTIME's Privacy Policy can be viewed at: https://www.sportimemy.com/privacy_policy.php.

____ **SUNSCREEN PERMISSION:** New York State Public Health Law now requires written parental permission for a child to carry and use sunscreen at camp. The legislation further requires the camp to maintain record of the parental permission and allows camp staff to assist with the application of sunscreen when the child is unable to do so, provided the child requests the assistance and that this assistance is permitted/authorized by the parent. I hereby give permission for the camper listed on the reverse, to carry and use sunscreen at camp and to use 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 requested.

____ **INSECT REPELLENT PERMISSION:** New York State Public Health Law now requires written parental permission for a child to carry and use insect repellent at camp. The legislation further requires the camp to maintain record of the parental permission and allows camp staff to assist with the application of insect repellent when the child is unable to do so, provided the child requests the assistance and that this assistance is permitted/authorized by the parent. I hereby give permission for the camper listed on the reverse, to carry and use insect repellent at camp and to use it throughout the day. If my child needs help re-applying insect repellent, I give permission for camp staff to provide my child with assistance if requested.

____ **OFF-SITE TRIP PERMISSION:** SPORTIME has my consent to take my child on camp trips off SPORTIME premises. Parents will be notified prior to any camp field trips.

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:

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Register Online: www.SportimeCamps.com/JMTA-AM | **Questions? Call:** 631-267-1038 | **Email:** jmtahamptons@sportimemy.com