



In order for this application to be processed, please complete all required information and return with payment in full. 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 Apt # 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? _____

T-Shirt Size: YS YM YL YXL AS AM AL AXL Are you a member of the following? USTA UTR

Camp Pricing Costs listed are weekly. Per Diem pricing is only available after June 1st.

CAMP PROGRAM	8-11 WKS	4-7 WKS	1-3 WKS	PER DIEM	QTY	COST
<input type="checkbox"/> JMTA TENNIS TRAINING: FULL DAY	\$880.00	\$995.00	\$1,125.00	\$275.00	_____	\$ _____
SUB-TOTAL CAMP COST					_____	\$ _____
<input type="checkbox"/> EARLY REGISTRATION DISCOUNT: Register by May 15th for 10% Discount					_____	\$ _____
<input type="checkbox"/> TRANSPORTATION - See Reverse for Details					_____	\$ _____
<input type="checkbox"/> 70% SIBLING DISCOUNT ON TRANSPORTATION					_____	\$ _____
TOTAL CAMP						\$ _____

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

Private Tennis Lessons (cost varies by coach) USTA Tournaments UTR Matches

Private Strength or Speed, Agility and Quickness Training (subject to availability): \$150.00/hours

Payment Information

AMOUNT IS: \$ _____ 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

PAYMENT INFORMATION: Enrollment is limited. Spaces are reserved on a first-come first-served basis upon receipt of a completed application and payment in full. Adding additional camp weeks after June 1, 2019, if space allows, will not result in any retroactive discount for weeks already enrolled or attended. 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.

CREDIT CARD NUMBER EXPIRATION PARENT / GUARDIAN SIGNATURE DATE

Enroll Today! Complete both sides of this application and return with payment in full by mail, fax or register online:
Mail: SPORTIME Amagansett JMTA Camp, PO Box 778, Amagansett, NY 11930 / **Fax:** 631-267-1082 / **Register Online:** www.SportimeCamps.com/JMTA-AM.
 Please contact us at 631-267-3460 or email jmtahampton@sportimeny.com with any questions.



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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.

- | | | |
|--|--|---|
| <input type="checkbox"/> Week 1 Jun 17 - Jun 21 M T W TH F | <input type="checkbox"/> Week 5 Jul 15 - Jul 19 M T W TH F | <input type="checkbox"/> Week 9 Aug 12 - Aug 16 M T W TH F |
| <input type="checkbox"/> Week 2 Jun 24 - Jun 28 M T W TH F | <input type="checkbox"/> Week 6 Jul 22 - Jul 26 M T W TH F | <input type="checkbox"/> Week 10 Aug 19 - Aug 23 M T W TH F |
| <input type="checkbox"/> Week 3 Jul 1 - Jul 5 M T W TH F | <input type="checkbox"/> Week 7 Jul 29 - Aug 2 M T W TH F | <input type="checkbox"/> Week 11 Aug 26 - Aug 30 M T W TH F |
| <input type="checkbox"/> Week 4 Jul 8 - Jul 12 M T W TH F | <input type="checkbox"/> Week 8 Aug 5 - Aug 9 M T W TH F | Parent's/Guardian's Initials: _____ |

Transportation

Please check all that apply: **ROUND TRIP:** \$200/WEEK \$60/PER DIEM **ONE WAY:** \$100/WEEK \$30/PER DIEM

Pick Up Locations	Address	Pick Up Time	Drop Off Time
<input type="checkbox"/> WATERMILL	(Green Thumb Organic Farm, 829 Montauk Highway)	8:05am	5:00pm
<input type="checkbox"/> BRIDGEHAMPTON	(Train Station, Maple Lane and Butter Lane)	8:20am	4:45pm
<input type="checkbox"/> WAINSCOTT	(Wainscott School, 47 Main Street)	8:40am	4:25pm
<input type="checkbox"/> MONTAUK	(Montauk Skate Park, Essex Street)	8:30am	4:30pm

DOOR-TO-DOOR Option: Depending on location, door-to-door transportation may also be available, for an additional up-charge, for JMTA players who live between Montauk and Amagansett and Amagansett and Bridgehampton. If you are interested in this service, please contact us at 631-267-3460.

Local Address: _____

SHUTTLE Option:

Please list the names of people your child can be left with/picked up by:

- Name: _____ Relationship: _____ Reachable Phone: _____
- Name: _____ Relationship: _____ Reachable Phone: _____
- Name: _____ Relationship: _____ Reachable Phone: _____

Camp Disclaimer

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 _____ 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, marketing, social media 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.

_____ **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 _____ 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 he/she requests it.

_____ **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 _____ 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 he/she it.

PARENT / GUARDIAN SIGNATURE

DATE

Important Information

1. Camp Medical Form must be completed before camp begins.
2. Camper Immunization records must be received before camp begins.

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