



*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 2020 [ ]

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

**JMTA Pricing** Costs listed are weekly. Per Diem pricing is only available after June 1st. Please check box for transportation type if applicable.

CAMP PROGRAM	8-11 WEEKS	5-7 WEEKS	2-4 WEEKS	1 WEEK	PER DIEM	QTY	COST
<input type="checkbox"/> JMTA TENNIS TRAINING: FULL DAY	\$995.00	\$1,095.00	\$1,135.00	\$1,295.00	\$275.00	_____	\$ _____
<b>SUB-TOTAL CAMP COST</b>							\$ _____
<input type="checkbox"/> 5% Sibling Discount (for 2nd child)							-\$ _____
<input type="checkbox"/> 10% Sibling Discount (for additional children)							-\$ _____
<input type="checkbox"/> TRANSPORTATION: <input type="checkbox"/> Shuttle or <input type="checkbox"/> Door-to-Door (See Reverse for Details)							\$ _____
<input type="checkbox"/> 70% SIBLING DISCOUNT ON TRANSPORTATION							-\$ _____
<b>TOTAL CAMP</b>							\$ _____

**\* Junior Tennis Membership included with camp costs (\$675 value!): Free use of tennis courts while student is enrolled in JMTA and any time when adult members are not waiting to use courts.**

**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, 2020, 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, 2020. No refunds will be given after June 1, 2020. 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 [ ]

**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 22 - Jun 26 M T W TH F  Week 5 Jul 20 - Jul 24 M T W TH F  Week 9 Aug 17 - Aug 21 M T W TH F

Week 2 Jun 29 - Jul 3 M T W TH F  Week 6 Jul 27 - Jul 31 M T W TH F  Week 10 Aug 24 - Aug 28 M T W TH F

Week 3 Jul 6 - Jul 10 M T W TH F  Week 7 Aug 3 - Aug 7 M T W TH F  Week 11 Aug 31 - Sep 4 M T W TH F

Week 4 Jul 13 - Jul 17 M T W TH F  Week 8 Aug 10 - Aug 14 M T W TH F Parent's/Guardian's Initials: \_\_\_\_\_

**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](http://www.SportimeCamps.com/JMTA-AM).  
 Please contact us at 631-267-3460 or email [jmtahampton@sportimeny.com](mailto:jmtahampton@sportimeny.com) with any questions.



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### 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 Amagansett and Bridgehampton. If you are interested in this service, please contact us at 631-267-3460. **Please note:** 48-hour cancellation policy for door-to-door service.

**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. 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.sportimeny.com/privacy\\_policy.php](https://www.sportimeny.com/privacy_policy.php). 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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