# OFF-CAMPUS "ADVENTURE" CONSENT/APPLICATION SUMMER 2018

SPORTIME
TENNIS • FITNESS • MULTI-SPORT

**SPORTIME AT KINGS PARK**
**275 OLD INDIAN HEAD ROAD, KINGS PARK NY 11754**
**P. 631/269-6300 F. 631/544-9355**

**SPORTIME CAMP**
**ADVENTURE TRIP PROGRAM COST-**
**$45 PER TRIP**
YOUR CHILD'S T-SHIRT SIZE _____

## CAMPER INFORMATION Please print clearly and legibly.

Camper First Name _____ Camper Last Name _____ Camp Group _____

DOB_____/_____/_____ Gender ☐ MALE ☐ FEMALE Grade entering fall 2017 _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Emergency Contact Name _____ Relation to Camper _____

Emergency Phone _____ Email Address (REQUIRED) _____

Health Restrictions (if any): _____

Our "Adventure Camp" trips are for SPORTIME Multi-Sport campers who have completed 3rd grade as of June, 2018. We have planned great weekly adventures for our campers to share with their frends and counselors each Thursday. Please indicate the adventures that you would like your child to attend by checking the appropriate boxes below. Your camper must be enrolled in SPORTIME Multi-Sport camp for the full day on any day that you sign up to participate in any of the adventures.

- ☐ Thursday, July 5th: The Adventure Park at Long Island
- ☐ Thursday, July 12th: County Fair Entertainment Park
- ☐ Thursday, July 18th: Long Island Ducks Game
- ☐ Thursday, July 26th: Ninja Warrior Course at SkyZone
- ☐ Thursday, August 2nd: The Yankee III- Fishing Charter
- ☐ Thursday, August 9th: Adventureland Amusement Park
- *__Save the Date__: ***August 16th: Camp Getaway Overnight Trip***
- ☐ Thursday, August 23rd: U.S. Open Tennis Championships

Trip Tally: # of trips: _____ x $45 per trip = _____ ****Separate application and trip fees apply for Camp Getaway trip***

**CAMP TRIP CONSENT / DISCLAIMER:**
**I hereby give my son/daughter _____permission to leave the Sportime camp grounds with staff for off-campus adventure trips. I understand that transportation will be provided. I also understand that there is an additional cost to particpate in each off-site trip.**

**VALID CREDIT CARD INFORMATION MUST BE SUPPLIED ON THIS APPLICATION BELOW IN ORDER TO GUARANTEE PLACEMENT IN OUR TRIP PROGRAM.**

PARENT'S/GUARDIAN'S SIGNATURE _____ DATE _____ STAFF SIGNATURE _____ DATE _____

## PAYMENT INFORMATION

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☐ MasterCard ☐ Visa ☐ AMEX

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Expiration Date

☐ Please charge the credit card listed above for the required adventure program fee on or before the date of each adventure.

☐ Check Payment enclosed for: $_____

Please return completed applications to: SPORTIME SUMMER CAMP, SPORTIME at Kings Park, 275 Old Indian Head Rd., Kings Park, NY 11754