

In order for this application to be processed, please complete all required information and return with required deposit. Please print clearly.

<b>Camper Information</b>			<b>Responsible Party Information</b>		
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE					
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
<small>CAMPER FIRST NAME</small>	<small>CAMPER LAST NAME</small>		<small>PARENT 1 / GUARDIAN'S FIRST NAME</small>	<small>PARENT 1 / GUARDIAN'S LAST NAME</small>	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>CAMPER ADDRESS</small>			<small>EMAIL ADDRESS</small>	<small>HOME PHONE</small>	<small>MOBILE PHONE</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>	<small>PARENT 2 / GUARDIAN'S FIRST NAME</small>	<small>PARENT 2 / GUARDIAN'S LAST NAME</small>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>DATE OF BIRTH</small>	<small>SCHOOL ATTENDING 2018 - 2019 AND GRADE</small>	<small>CURRENT UTR</small>	<small>EMAIL ADDRESS</small>	<small>HOME PHONE</small>	<small>MOBILE PHONE</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>HEALTH RESTRICTIONS / ALLERGIES (IF ANY)</small>			<small>EMERGENCY CONTACT</small>	<small>RELATION TO CAMPER</small>	<small>EMERGENCY PHONE</small>
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>

**Summer Camp Week Selection** Please check all weeks that apply to the appropriate program.

<p><b>Tennis:</b></p> <p>June 10 - June 14 <input type="checkbox"/> JMTA/U10</p> <p>June 17 - June 21 <input type="checkbox"/> JMTA/U10</p> <p>June 24 - June 28 <input type="checkbox"/> JMTA/U10</p> <p>July 1 - July 5 <input type="checkbox"/> JMTA/U10</p> <p>July 8 - July 12 <input type="checkbox"/> JMTA/U10</p> <p>July 15 - July 19 <input type="checkbox"/> JMTA/U10</p> <p>July 22 - July 26 <input type="checkbox"/> JMTA/U10</p> <p>July 29 - Aug 2 <input type="checkbox"/> JMTA/U10</p> <p>Aug 5 - Aug 9 <input type="checkbox"/> JMTA/U10</p> <p>Aug 12 - Aug 16 <input type="checkbox"/> JMTA/U10</p> <p>Aug 19 - Aug 23 <input type="checkbox"/> JMTA/U10</p> <p>Aug 26 - Aug 30 <input type="checkbox"/> JMTA/U10</p>	<p><b>Soccer:</b></p> <p>June 10 - June 14 <input type="checkbox"/> Not in session</p> <p>June 17 - June 21 <input type="checkbox"/> Not in session</p> <p>June 24 - June 28 <input type="checkbox"/> Not in session</p> <p>July 1 - July 5 <input type="checkbox"/> Not in session</p> <p>July 8 - July 12 <input type="checkbox"/> NYCFC:</p> <p>July 15 - July 19 <input type="checkbox"/> NYCFC:</p> <p>July 22 - July 26 <input type="checkbox"/> NYCFC:</p> <p>July 29 - Aug 2 <input type="checkbox"/> NYCFC:</p> <p>Aug 5 - Aug 9 <input type="checkbox"/> NYCFC:</p> <p>Aug 12 - Aug 16 <input type="checkbox"/> NYCFC:</p> <p>Aug 19 - Aug 23 <input type="checkbox"/> NYCFC:</p> <p>Aug 26 - Aug 30 <input type="checkbox"/> NYCFC:</p>	
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**Payment Terms**

Enrollment is limited and spaces are reserved on a first-come, first-served basis upon receipt of a completed application and a 40% deposit. All balances are due on June 1, 2019. Payment in full is required for registration after June 1, 2019. Registrants already enrolled in the SPORTIME Easy Pay Plan for other programs and services will be automatically enrolled in Full Autopay for camp transportation, with payments processed on May 1, 2019. SPORTIME reserves the right to charge the form of payment provided, or the guaranteed form of payment on file, for any balance due on June 1, 2019. Any request for a refund of camp transportation cost 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 transportation, and no credits or refunds will be issued. VALID PAYMENT INFORMATION MUST BE PROVIDED ON THIS APPLICATION IN ORDER FOR CAMP TRANSPORTATION SPACE TO BE RESERVED.

<p><b>PAYMENT METHOD</b></p> <p><input type="checkbox"/> <b>CREDIT CARD:</b> I authorize SPORTIME to charge the credit card below.</p> <p style="text-align: center;"><input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Discover</p> <p><input type="text"/></p> <p><small>CREDIT CARD NUMBER</small></p> <p><input type="text"/></p> <p><small>EXPIRATION</small></p> <p><input type="checkbox"/> Please make this my guaranteed form of payment on file.</p> <p><input type="checkbox"/> <b>BANK ACCOUNT:</b> I authorize SPORTIME to deduct from the following account.</p> <p><input type="text"/></p> <p><small>BANK NAME</small></p> <p><input type="text"/></p> <p><small>ABA NUMBER</small></p> <p><input type="text"/></p> <p><small>BANK ACCOUNT NUMBER</small></p> <p><input type="checkbox"/> Please make this my guaranteed form of payment on file.</p> <p><input type="checkbox"/> <b>CHARGE TO MY ACCOUNT:</b> Guaranteed form of payment on file required, and I authorize SPORTIME to use it for payment(s) due.</p> <p><input type="checkbox"/> <b>CHECK PAYABLE TO SPORTIME</b> <input type="checkbox"/> <b>CASH</b></p>	<p><b>LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE AND OTHER TERMS:</b> By signing below, I acknowledge and agree to the payment terms set forth above, and that I am the parent or legal guardian of the above-named participant, and that we will abide by all rules and regulations which now exist or which may be hereafter adopted or amended by SPORTIME. I further acknowledge and agree that there are certain inherent dangers in having my child transported to and from SPORTIME and that SPORTIME shall not be liable for any personal injuries, property damage, or other loss sustained by the named participant related to him/her being transported to and from SPORTIME. In the case of accident or injury to the named participant, and if an emergency contact person cannot be reached, <b>I grant SPORTIME permission to obtain medical attention, if necessary, for which I will be financially responsible. I understand that Platinum and PLUS Membership discounts do not apply to transportation cost.</b> SPORTIME reserves the right to cancel this contract at any time, at its sole discretion, and SPORTIME's sole liability shall be to refund any amounts previously paid on a pro-rata basis.</p> <p><input type="text"/></p> <p><small>PARENT / GUARDIAN SIGNATURE</small></p> <p><input type="text"/></p> <p><small>DATE</small></p>
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**Enroll Today!**

Complete both sides of this application and return to Anthony Decoo by mail or email:  
**Mail:** SPORTIME Camps c/o SPORTIME Randall's Island, One Randall's Island, New York, NY•10035  
 Please contact us at 212-427-6150 or email [transportationri@sportimetry.com](mailto:transportationri@sportimetry.com) with any questions.

## Transportation

### SHUTTLE

Round Trip:  \$60.00 per day  \$300.00 per week  
Pick-Up Only:  \$30.00 per day  \$150.00 per week  
Drop-Off: Only  \$30.00 per day  \$150.00 per week

If your child(ren) is taking the shuttle please choose your desired pick-up/drop-off locations below.

OR

**Transportation Option:** Please select one (Shuttle or Door-to-Door)

### DOOR-TO-DOOR

Round Trip:  \$80.00 per day  \$400.00 per week  
Pick-Up Only:  \$40.00 per day  \$200.00 per week  
Drop-Off Only:  \$40.00 per day  \$200.00 per week

My child may be dropped off with the door person:  YES  NO  
My child does not need to be met by anyone at drop-off:  YES  NO

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Reachable Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Reachable Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Reachable Phone: \_\_\_\_\_

**DROP-OFF ADDRESS IF DROP-OFF LOCATION IS DIFFERENT THAN HOME ADDRESS:**

### PICK UP/DROP OFF INFORMATION:

If your child is taking the Shuttle, please choose your pick-up and drop-off locations below (Pick-ups south of 72nd Street are considered Door-to-Door.) PICK-UP AND DROP-OFF TIMES ARE SUBJECT TO CHANGE, WEEK-TO-WEEK.

EAST SIDE PICK-UP 1  
 72nd & 3rd Ave 8:20 am  
 79th & 3rd Ave 8:25 am  
 86th & 3rd Ave 8:30 am  
 96th & 3rd Ave 8:35 am

EAST SIDE DROP-OFF 1:  
 96th & 2nd Ave 4:35 pm  
 86th & 2nd Ave 4:40 pm  
 79th & 2nd Ave 4:45 pm  
 72nd & 2nd Ave 4:50 pm

EAST SIDE PICK-UP II  
 72nd & Madison Ave 8:20 am  
 79th & Madison Ave 8:25 am  
 86th & Madison Ave 8:30 am  
 96th & Madison Ave 8:35 am

EAST SIDE DROP-OFF II  
 96th & Park Ave 4:35 pm  
 86th & Park Ave 4:40 pm  
 79th & Park Ave 4:45 pm  
 72nd & Park Ave 4:50 pm

WEST SIDE PICK-UP I  
 72nd & CPW 8:10 am  
 81st & CPW 8:15 am  
 86th & CPW 8:20 am  
 96th & CPW 8:25 am

WEST SIDE DROP-OFF I  
 96th & CPW 4:40 pm  
 86th & CPW 4:45 pm  
 81st & CPW 4:50 pm  
 72nd & CPW 4:55 pm

WEST SIDE PICK-UP II  
 72nd & Broadway 8:10 am  
 81st & Broadway 8:15 am  
 86th & Broadway 8:20 am  
 96th & Broadway 8:25 am

WEST SIDE DROP-OFF II  
 96th & Broadway 4:40 pm  
 86th & Broadway 4:45 pm  
 81st & Broadway 4:50 pm  
 72nd & Broadway 4:55 pm

PARENT/GUARDIAN SIGNATURE

DATE

**Enroll Today!**

Complete both sides of this application and return to Transportation Director Anthony Decoo by mail or by e-mail:

**Mail:** SPORTIME Camps c/o SPORTIME Randall's Island, One Randall's Island, New York, NY•10035 **E-Mail:** [transportationri@sportimeny.com](mailto:transportationri@sportimeny.com)

**Questions?** Call Anthony at (212) 427-6150 or e-mail him at the e-mail address above.