

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

Camper Information			Responsible Party Information		
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"/>
<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.

June 11 - June 15	<input type="checkbox"/> JMTA/U10	NYCFC not in session	<input type="checkbox"/> Full Day	<input type="checkbox"/> Morning Session	<input type="checkbox"/> Afternoon Session
June 18 - June 22	<input type="checkbox"/> JMTA/U10	NYCFC:	<input type="checkbox"/> Full Day	<input type="checkbox"/> Morning Session	<input type="checkbox"/> Afternoon Session
June 25 - June 29	<input type="checkbox"/> JMTA/U10	NYCFC:	<input type="checkbox"/> Full Day	<input type="checkbox"/> Morning Session	<input type="checkbox"/> Afternoon Session
July 2 - July 6	<input type="checkbox"/> JMTA/U10	NYCFC not in session			
July 9 - July 13	<input type="checkbox"/> JMTA/U10	NYCFC:	<input type="checkbox"/> Full Day	<input type="checkbox"/> Morning Session	<input type="checkbox"/> Afternoon Session
July 16 - July 20	<input type="checkbox"/> JMTA/U10	NYCFC:	<input type="checkbox"/> Full Day	<input type="checkbox"/> Morning Session	<input type="checkbox"/> Afternoon Session
July 23 - July 27	<input type="checkbox"/> JMTA/U10	NYCFC:	<input type="checkbox"/> Full Day	<input type="checkbox"/> Morning Session	<input type="checkbox"/> Afternoon Session
July 30 - Aug 3	<input type="checkbox"/> JMTA/U10	NYCFC:	<input type="checkbox"/> Full Day	<input type="checkbox"/> Morning Session	<input type="checkbox"/> Afternoon Session
Aug 6 - Aug 10	<input type="checkbox"/> JMTA/U10	NYCFC:	<input type="checkbox"/> Full Day	<input type="checkbox"/> Morning Session	<input type="checkbox"/> Afternoon Session
Aug 13 - Aug 17	<input type="checkbox"/> JMTA/U10	NYCFC:	<input type="checkbox"/> Full Day	<input type="checkbox"/> Morning Session	<input type="checkbox"/> Afternoon Session
Aug 20 - Aug 24	<input type="checkbox"/> JMTA/U10	NYCFC:	<input type="checkbox"/> Full Day	<input type="checkbox"/> Morning Session	<input type="checkbox"/> Afternoon Session
Aug 27 - Aug 31	<input type="checkbox"/> JMTA/U10	NYCFC not in session			

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, 2018. Payment in full is required for registration after June 1, 2018. 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, 2018. 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, 2018. 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, 2018. No refunds will be given after June 1, 2018. 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>PAYMENT METHOD</p> <p><input type="checkbox"/> CREDIT CARD: 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> <small>EXPIRATION</small></p> <p><input type="checkbox"/> Please make this my guaranteed form of payment on file.</p> <hr/> <p><input type="checkbox"/> BANK ACCOUNT: I authorize SPORTIME to deduct from the following account.</p> <p><input type="text"/></p> <p><small>BANK NAME</small> <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"/> CHARGE TO MY ACCOUNT: Guaranteed form of payment on file required, and I authorize SPORTIME to use it for payment(s) due.</p> <p><input type="checkbox"/> CHECK PAYABLE TO SPORTIME <input type="checkbox"/> CASH</p>	<p>LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE AND OTHER TERMS: 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, 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. 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> <small>DATE</small></p>
--	---

Enroll Today!

Complete both sides of this application and return it with the required deposit to:
Mail: SPORTIME Camps c/o SPORTIME Randall's Island, One Randall's Island, New York, NY 10035
Fax: 212-427-5650
Please contact us at 212-427-6150 or email transportationri@sportimeny.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. For Half Day pick-up and drop-off times, please contact Transportation Director, Anthony Decoo, at (212) 427-6150 or by email at transportationri@sportimeny.com (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
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

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
PICK-UP II 72nd & Broadway 8:10 am
 81st & Broadway 8:15 am
 86th & Broadway 8:20 am
 96th & Broadway 8:25 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
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
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
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 it with the required deposit to:

Mail: SPORTIME Camps c/o SPORTIME Randall's Island, One Randall's Island, New York, NY 10035

Fax: 212-427-5650

Please contact us at 212-427-6150 or email transportationri@sportimeny.com with any questions.