

Summer Camp 2025 Application

□ EXISTING CAMPER □ NEW CAMPER

CAMP SEASON: JUNE 30, 2025 - AUGUST 29, 2025

Camper Information Please complete all fields and print clearly.								
CAMPER: FIRST NAME	LAST N/	AME			DATE O	BIRTH	GENDE	R
CAMPER EMAIL ADDRESS (IF 13 AND OVER)	CAMPE	R MOBILE NUMBER (IF 13 AND OV	'ER)		SCHOOL & (GRADE ENROLL	ED SEPT	
STREET ADDRESS	ADDRESS 2	CITY		STATE	ZIP		HOME P	HONE
PARENT/GUARDIAN 1: FIRST NAME	LAST NAME	MOI	BILE PHONE	EMAIL	ADDRESS (REQUI	RED)		
PARENT/GUARDIAN 2: FIRST NAME	LAST NAME	MOI	BILE PHONE	EMAIL	ADDRESS (REQUI	RED)		
EMERGENCY CONTACT: FIRST NAME	LAST NAME		TION TO PLAYER		CONTACT NUN	1BER		
ALLERGIES / HEALTH RESTRICTIONS		HOW DID YOU HEAR ABOUT	US?					
		□ Word of Mouth □	Mail 🛛 Web	Instagram	□ Facebook	□ Twitter	🗖 Print Ad	Referral

Camp Costs Please select the camp you are registering for and input weeks or days. Weekly price based on Monday-Friday within same week.

ITEM DESCRIPTION	1-4 WEEKS	5-8 WEEKS	FULL SUMMER	25 DAYS	DAILY	#WEEKS/DAYS	TOTAL
□ JMTA Full Day: Yellow - Ages 12-18: 9:00am - 4:00pm	\$895.00	\$845.00	\$6,975.00	\$4,400.00	\$225.00		
□ JMTA Half Day: Yellow - Ages 12-18: 9:00am - 12:00pm	\$650.00	\$600.00	\$4,595.00	\$3,115.00	\$150.00		
□ JMTA Half Day: Yellow - Ages 12-18: 1:00pm - 4:00pm	\$650.00	\$600.00	\$4,595.00	\$3,115.00	\$150.00		
□ JMTA Full Day: Green- Ages 7-12: 9:00am - 4:00pm	\$895.00	\$845.00	\$6,975.00	\$4,400.00	\$225.00		
□ JMTA Half Day: Green - Ages 7-12: 9:00am - 12:00pm	\$650.00	\$600.00	\$4,595.00	\$3,115.00	\$150.00		
□ JMTA Half Day: Green- Ages 7-12: 1:00pm - 4:00pm	\$650.00	\$600.00	\$4,595.00	\$3,115.00	\$150.00		
JMTA Mac Full Day: Orange: Ages 8-10: 9:00am - 4:00pm	\$795.00	\$745.00	\$6,050.00	\$3,965.00	\$200.00		
□ JMTA Mac Half Day: Orange: Ages 8-10: 9:00am - 12:00pm	\$595.00	\$545.00	\$4,150.00	\$2,835.00	\$140.00		
□ JMTA Mac Half Day: Orange: Ages 8-10: 1:00pm-4:00pm	\$595.00	\$545.00	\$4,150.00	\$2,835.00	\$140.00		
JMTA Mac Full Day: Red: Ages 5-8: 9:00am - 4:00pm	\$795.00	\$745.00	\$6,050.00	\$3,965.00	\$200.00		
JMTA Mac Half Day: Red: Ages 5-8: 9:00am - 12:00pm	\$595.00	\$545.00	\$4,150.00	\$2,835.00	\$140.00		
□ JMTA Mac Half Day: Red: Ages 5-8: 1:00pm-4:00pm	\$595.00	\$545.00	\$4,150.00	\$2,835.00	\$140.00		
CAMP TOTAL							
DEPOSIT: Required 25% deposit required before May 1, 2025							
□ Sibling Discount: 5% off for additional Child							
ADD ON: Lunch Option \$12/Per Day \$55/Per Week							
BALANCE WITH DISCOUNTS/ADD-ONS DUE BY JUNE 1, 2025							

Schedule Selection Please check all weeks/or individual days that apply. Changes may be made until June 1st. All changes thereafter will be subject to availability. NO CAMP ON JULY 4, 2025.

SELECT WEEK OR CHECK DAY	М	Т	W	Т	F	SELECT WEEK OR CHECK DAY	M
WEEK 1: JUN 30 - JUL 4					х	U WEEK 5: JUL 28 - AUG 1	
WEEK 2: JUL 7 - JUL 11						U WEEK 6: AUG 4 - AUG 8	
WEEK 3: JUL 14 - JUL 18						U WEEK 7: AUG 11 - AUG 15	
□ WEEK 4: JUL 21 - JUL 25						U WEEK 8: AUG 18 - AUG 22	

SEL	ECT WEEK OR CHECK DAY	М	Т	W	Т	F
	WEEK 9: AUG 25 - AUG 29					
	25 DAYS *Please Select Your Days*					
	Daily					



DATE

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Payment Information Please select your Payment Method and Agree to Payment Terms.

CREDIT CARD		PAYMENT TERMS					
□ I authorize SPORTIME to charge my credit card on file.		Enrollment is limited. Spaces are reserved on a first-come first-served basis upon receipt of a completed application and a 25% deposit. All balances are					
□ Please use this card: □ MC □ VISA □ AMEX □ DISCOVER		on June 1, 2025. Payment in full is required for registration after June 1, 2025. Registrants already enrolled in the SPORTIME Easy Pay Plan for other programs					
CARD NUMBER	EXPIRATION	 will be automatically enrolled in Full Autopay for camp, with payments on May 1, 2025. Adding additional camp weeks after June 1, 2025, if spatial allows, will not result in any retroactive discount for weeks already enror 					
Check here to make this your guaranteed form of payment on file.		attended. SPORTIME reserves the right to charge the credit card provided for any balance due on June 1, 2025. Any request for a refund of camp tuition or					
CHARGE TO ACCOUNT		deposit (less a \$100 per week cancellation fee) must be received prior to June 1,					
I understand that I need a guaranteed form of payment on file, and I authorize SPORTIME to use it for payment(s) due.		2025. No refunds will be given after June 1, 2 absences and unused camp days/time will no	•				
CHECK OR CASH		PARENT/GUARDIAN SIGNATURE	DATE				
□ CHECK # □ CASH	AMOUNT						
You must have a credit card on file if you are not paying in full.							

Authorized Pick-Up List Please list those allowed to pick-up your child in addition to Parent/Guardian listed above. Valid ID required for pick-up.

FIRST NAME	LAST NAME	RELATION TO CAMPER	CONTACT PHONE
FIRST NAME	LAST NAME	RELATION TO CAMPER	CONTACT PHONE

Camp Liability Waiver, Assumption of Risk and Release and Other Terms & Permissions (Please initial the permissions to which you agree, and sign below.)

By signing below I agree that I am the parent or legal guardian of above-named camper 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 theff 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. 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 the camper listed on the reverse, 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 the camper listed on the reverse, 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 requests it.

_ OFF-SITE TRIP PERMISSION: SPORTIME has my consent to take my child on camp trips off SPORTIME premises.

PARENT/GUARDIAN SIGNATURE

SPORTIME TENNIS SPORTS FITNESS



Register Today!

Complete both sides of this application and return with required deposit by mail, fax or email, or register conveniently online:

SPORTIME Port Washington/JMTA Long Island

 Mail:
 100 Harbor Road, Port Washington, NY 11050
 Register Online:
 www.SportimeNY.com/SummerCamps/PW

 Questions?
 Contact Tennis Director, Jay Harris
 Phone:
 (516) 883-6425
 Text:
 (516) 853-7519
 Email:
 campspw@sportimeny.com