

SPORTIME Port Washington

Summer Camp 2024 Application

☐ EXISTING CAMPER ☐ NEW CAMPER

	LAMP SEASON: JU	JLY 1, 202	4 - AUG	UST 30	J, 202	4					
Camper Information Please complete all fields and	print clearly.										
CAMPER: FIRST NAME LAST NAME						DATE	OF BIRTH	GENDE			
CAMPER EMAIL ADDRESS (IF 13 AND OVER) CAMPER MOBILE NUMBER (IF 13 AND OVER)			ER)			☐ FEMALE ☐ MALE SCHOOL & GRADE ENROLLED SEPT					
STREET ADDRESS ADDRESS 2		CITY			STA	TE ZIP		HOME P	HONE		
PARENT/GUARDIAN 1: FIRST NAME LAST NAM	E	МОЕ	BILE PHONE		EN	MAIL ADDRESS (REQ	UIRED)				
PARENT/GUARDIAN 2: FIRST NAME LAST NAM	E	MOE	BILE PHONE		EN	MAIL ADDRESS (REQ	UIRED)				
EMERGENCY CONTACT: FIRST NAME LAST NAM	Ē	RELA	TION TO PLAY	YER		CONTACT N	JMBER				
ALLERGIES / HEALTH RESTRICTIONS		U HEAR ABOUT									
	☐ Word of		Mail 🗆 V			m 🗆 Faceboo			☐ Ref	ferral	
Camp Costs Please select the camp you are registering			, .								
ITEM DESCRIPTION	1-4 WEEKS	5-8 WEE		LL SUMN		25 DAYS	DAILY	#WEEKS/	DAYS	TOTAL	
☐ JMTA Full Day: Green/Yellow - Ages 7-18: 9:00am - 4:00		\$815.0		6,705.0		\$4,275.00	\$215.00				
☐ JMTA Half Day - Green/Yellow - Ages 7-18: 9:00am - 12:0 (Morning)	00pm \$625.00	\$575.0	0 \$	4,455.0	0	\$3,025.00	\$145.00				
☐ JMTA Half Day - Green/Yellow - Ages 7-18: 12:00pm - 4:0 (Afternoon)	00pm \$625.00	\$575.0	0 \$	4,455.0	0	\$3,025.00	\$145.00				
☐ JMTA Mac Full Day: Red/Orange- Ages 5-10: 9:00am - 4:	00pm \$790.00	\$735.0	0 \$	5,810.0	0	\$3,850.00	\$195.00				
☐ JMTA Mac Half Day: Red/Orange- Ages 5-10: 9:00am - 1: (Morning)	2:00pm \$575.00	\$525.0	10 \$	4,025.0	0	\$2,750.00	\$135.00				
☐ JMTA Mac Half Day: Red/Orange- Ages 5-10: 1:00pm-4:0 (Afternoon)	^{0pm} \$575.00	\$525.0	0 \$	4,025.0	0	\$2,750.00	\$135.00				
CAMP TOTAL											
DEPOSIT: Required 25% deposit required before May 1,	2024										
☐ Sibling Discount: 5% off for additional Child											
☐ ADD ON: Lunch Option	\$12/	\$12/Per Day \$55/F			5/Per We	eek					
BALANCE WITH DISCOUNTS/ADD-ONS DUE BY JUNE 1,	2024										
Schedule Selection Please check all weeks/or indiv	ridual days that apply.	Changes ma	y be mad	le until J	une 1st	. All changes t	hereafter will	be subject t	to avai	lability.	
NO CAMP ON JULY 4, 2024. SELECT WEEK OR CHECK DAY M T W T F	SELECT WEEK OR CHE	CK DAY	M T	W T	F	SELECT WEEK	, UB CHECK DV,	Y M	T V	W T F	
□ WEEK 1: JUL 1 - JUL 5 X	□ WEEK 5: JUL 29 -				Ţ,	SELECT WEEK OR CHECK DAY M WEEK 9: AUG 26 - AUG 30					
□ WEEK 2: JUL 8 - JUL 12	☐ WEEK 6: AUG 5 -						*Please Select				
□ WEEK 3: JUL 15 - JUL 19	☐ WEEK 7: AUG 12					☐ Daily					
☐ WEEK 4: JUL 22 - JUL 26	☐ WEEK 8: AUG 19	- AUG 23				,					
Payment Information Please select your Payment	□ Method and Agree to I	Payment Ter	ms.								
CREDIT CARD		P/	YMENT 1	ΓERMS							
☐ I authorize SPORTIME to charge my credit card on file.					•	es are reserved					
☐ Please use this card: ☐ MC ☐ VISA ☐ AMEX ☐ DISCOVER			upon receipt of a completed application and a 25% deposit. All balances are due on June 1, 2024. Payment in full is required for registration after June 1, 2024.								
CARD NUMBER EXPIRATION			Registrants already enrolled in the SPORTIME Easy Pay Plan for other programs will be automatically enrolled in Full Autopay for camp, with payments processed								
		1 1	-		_	ditional camp v y retroactive di			-		
☐ Check here to make this your guaranteed form of payment on file.			tended. SF	PORTIM	E reser	ves the right to 2024. Any req	charge the cr	edit card pr	ovided	d for	
CHARGE TO ACCOUNT		de	eposit (less	s a \$100	per we	ek cancellation	n fee) must be	received p	rior to	June 1,	
☐ I understand that I need a guaranteed form of payme authorize SPORTIME to use it for payment(s) due.	ent on file, and I				_	ven after June o days/time wil				o IUI	
CHECK OR CASH			DENIT/CUAS	DIAN CIC	IATURE			DATE			
□ CHECK # □ CASH	AMOUNT	PA	RENT/GUARI	DIAN SIGN	NAIUKE			DATE			
You must have a credit card on file if you are not naving in full											



SPORTIME Port Washington JMTA Long Island 100 Harbor Road, Port Washington, NY 11050 TEL: (516) 883-6425 www.SportimeNY.com/PortWashington

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Summer Camp 2024 Application

☐ EXISTING CAMPER ☐ NEW CAMPER

CAMP SEASON: JULY 1, 2024 - AUGUST 30, 2024

		niid in addition to Parent/Guardian listed ai	·
FIRST NAME	LAST NAME	RELATION TO CAMPER	CONTACT PHONE
FIRST NAME	LAST NAME	RELATION TO CAMPER	CONTACT PHONE
FIRST NAME	LAST NAME	RELATION TO CAMPER	CONTACT PHONE
Camp Liability Waiver, A	ssumption of Risk and Release a	nd Other Terms & Permissions (Plea	ase initial the permissions to which you agree, and sign
Program. We agree to abide by LLC ("SPORTIME"), including poinherent dangers in participation other loss sustained by my child further declare my child to be in SPORTIME camp programs, permission to obtain medical attime, at its sole discretion; in sphotographs or video taken of social media and advertising.	y all program and other club rules and regroviding SPORTIME with medical forms at ng in tennis, sports and other camp activild, off, on or about the premises of SPORT physically sound and suffering from no conservices and activities. In case of accident attention for my child, if necessary, for whouch event SPORTIME's sole liability shall be the named participant at SPORTIME facil SPORTIME's Privacy Policy can be viewed as	gulations, which now exist or which may be not records of immunization upon request. I ties, and that SPORTIME shall not be liable TIME, or arising out of the use of any facilitienditions, impairment, disease, infirmity or or injury to my child, and if an emergency ich I will be financially responsible. SPORTII be a refund for unused camp days. I understities or at off-site SPORTIME programs or ever the type.	n for him/her to participate in the SPORTIME Camp hereafter adopted or amended by SPORTIME Clubs, further acknowledge and agree that there are certain for any personal injuries, property theft or damage, or es, equipment or other property of SPORTIME. I hereby other illness that would prevent his/her participation contact person cannot be reached, I grant SPORTIME ME reserves the right to cancel this contract at any cand and agree that SPORTIME retains the rights to any vents, to be used for SPORTIME publicity, marketing, olicy.php. I understand that I will be charged for my child more than 15 minutes after the end of camp.
legislation further requir is unable to do so, provic listed on the reverse, to o	es the camp to maintain record of the par led the child requests the assistance and	ental permission and allows camp staff to a that this assistance is permitted/authorized	a child to carry and use sunscreen at camp. The assist with the application of sunscreen when the child by the parent. I hereby give permission for the camper help re-applying sunscreen, I give permission for camp
camp. The legislation fur when the child is unable for the camper listed on	ther requires the camp to maintain record to do so, provided the child requests the	d of the parental permission and allows can assistance and that this assistance is permi ent at camp and to use it throughout the d	ion for a child to carry and use insect repellent at np staff to assist with the application of insect repellent tted/authorized by the parent. I hereby give permission ay. If my child needs help re-applying insect repellent, I
OFF-SITE TRIP PERMISS	SION: SPORTIME has my consent to take	my child on camp trips off SPORTIME prem	ises.
PARENT/GUARDIAN SIGNATURE			DATE





Register Today!

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