



**SPORTIME Kings Park**  
 275 Old Indian Head Road, Kings Park, NY 11754  
 TEL: (631) 269-6300 | TEXT: 631-759-4178  
 www.SportimeNY.com/Kings-Park

**SPORTIME KINGS PARK**  
**Tennis 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 NAME		DATE OF BIRTH	GENDER
					<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
CAMPER EMAIL ADDRESS (IF 13 AND OVER)		CAMPER MOBILE NUMBER (IF 13 AND OVER)		SCHOOL & GRADE ENROLLED SEPT	
STREET ADDRESS	ADDRESS 2	CITY	STATE	ZIP	HOME PHONE
PARENT/GUARDIAN 1: FIRST NAME	LAST NAME	MOBILE PHONE	EMAIL ADDRESS (REQUIRED)		
PARENT/GUARDIAN 2: FIRST NAME	LAST NAME	MOBILE PHONE	EMAIL ADDRESS (REQUIRED)		
EMERGENCY CONTACT: FIRST NAME	LAST NAME	RELATION TO PLAYER	CONTACT NUMBER		
ALLERGIES / HEALTH RESTRICTIONS		HOW DID YOU HEAR ABOUT US?			
		<input type="checkbox"/> Word of Mouth <input type="checkbox"/> Mail <input type="checkbox"/> Web <input type="checkbox"/> Instagram <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Print Ad <input type="checkbox"/> 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.

**\*NO CAMP ON FRIDAY, JULY 4th.**

ITEM DESCRIPTION	Weekly Rate	Full Summer Rate	#WEEKS	TOTAL
<input type="checkbox"/> EXCEL Tennis (Mon - Fri 12:30pm - 4:30pm)	\$650.00	\$5,555.00		
<input type="checkbox"/> High Performance Tennis (Mon - Thur 4:30pm - 7:00pm)	\$525.00	\$4,200.00		
<input type="checkbox"/> Hybrid Tennis - Call Justin Redlich at 631-269-6300 for more information.				
<b>CAMP TOTAL</b>				
DEPOSIT: Required 20% deposit required before May 1, 2025				
<b>BALANCE DUE BY JUNE 1, 2025</b>				

**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
FIRST NAME	LAST NAME	RELATION TO CAMPER	CONTACT PHONE

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

<b>CREDIT CARD</b>	<b>PAYMENT TERMS</b>
<input type="checkbox"/> 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 20% deposit. All balances are due 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 will be automatically enrolled in Full Autopay for camp, with payments processed on May 1, 2025. Adding additional camp weeks after June 1, 2025, if space allows, will not result in any retroactive discount for weeks already enrolled or 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 deposit (less a \$100 per week cancellation fee) must be received prior to June 1, 2025. No refunds will be given after June 1, 2025. There are no "make-ups" for absences and unused camp days/time will not be credited or refunded.
<input type="checkbox"/> Please use this card: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER	
CARD NUMBER _____ EXPIRATION _____	
<input type="checkbox"/> Check here to make this your guaranteed form of payment on file.	
<b>CHARGE TO ACCOUNT</b>	
<input type="checkbox"/> I understand that I need a guaranteed form of payment on file, and I authorize SPORTIME to use it for payment(s) due.	
<b>CHECK OR CASH</b>	
<input type="checkbox"/> CHECK # _____ <input type="checkbox"/> CASH	
AMOUNT _____ <small>You must have a credit card on file if you are not paying in full.</small>	PARENT/GUARDIAN SIGNATURE _____ DATE _____



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

**Schedule Selection** Please check all weeks that apply. Following camp registration any requests for program and/or scheduling changes will be accommodated strictly based upon availability. **NO CAMP JULY 4, 2025.**

WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<input type="checkbox"/> Week 1	6/30	7/1	7/2	7/3	<b>NO CAMP 7/4</b>
<input type="checkbox"/> Week 2	7/7	7/8	7/9	7/10	7/11
<input type="checkbox"/> Week 3	7/14	7/15	7/16	7/17	7/18
<input type="checkbox"/> Week 4	7/21	7/22	7/23	7/24	7/25
<input type="checkbox"/> Week 5	7/28	7/29	7/30	7/31	8/1
<input type="checkbox"/> Week 6	8/4	8/5	8/6	8/7	8/8
<input type="checkbox"/> Week 7	8/11	8/12	8/13	8/14	8/15
<input type="checkbox"/> Week 8	8/18	8/19	8/20	8/21	8/22
<input type="checkbox"/> Week 9	8/25	8/26	8/27	8/28	8/29

**Camp Liability Waiver, Assumption of Risk and Release and Other Terms & Permissions** (Please initial the permissions in 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 theft 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](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.

\_\_\_ **FOOD PERMISSION:** SPORTIME requires written parental permission for a child to participate in activities and events where camp snacks/food are provided (example: pizza, s'mores, ices, etc.).

PARENT/GUARDIAN SIGNATURE

DATE

**Important Information** (Please initial the permissions in which you agree, and sign below.)

Camper Immunization records must be received before camp begins.	<b>INITIAL HERE</b>
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**Register Today!**

Complete both sides of this application and return with required deposit by mail, text or email.

**SPORTIME Kings Park**

**Mail:** 275 Old Indian Head Road, Kings Park, NY 11754 | **Register Online:** [www.SportimeNY.com/SummerCamps/KP](http://www.SportimeNY.com/SummerCamps/KP)

**Questions?** Contact | **Phone:** (631) 269-6300 | **Text:** 631-759-4178 | **Email:** [campskp@sportimeny.com](mailto:campskp@sportimeny.com)