



EHSC@ SPORTIME AMAGANSETT
320 Abrahams Path, Box 778, Amagansett, NY 11930
TEL: (631) 267-CAMP (2267) | FAX: (631) 267-1082
EMAIL: ehsc@sportimeny.com
www.SportimeCamps.com/ehsc

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Early Registration Summer Camp 2026 Application

☐ RETURNING CAMPER ☐ NEW CAMPER

CAMP SEASON: JUNE 22, 2026 - SEPTEMBER 4, 2026

Register by
Jan 1, 2026 to lock
in Early
Registration
Rates!

Camper Information

CAMPER: FIRST NAME		LAST NAME		DATE OF BIRTH		GENDER	
						<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER	
BILLING ADDRESS		APT#	CITY	STATE	ZIP	GRADE & SCHOOL ENTERING IN FALL 2026	
PARENT/GUARDIAN 1: FIRST NAME		LAST NAME		CELL PHONE	EMAIL ADDRESS (REQUIRED)		
PARENT/GUARDIAN 2: FIRST NAME		LAST NAME		CELL PHONE	EMAIL ADDRESS (REQUIRED)		
EMERGENCY CONTACT: FIRST NAME		LAST NAME		RELATION TO CAMPER	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"/> Print Ad <input type="checkbox"/> Referral <input type="checkbox"/> Returning Camper							

Camp Rates Prices are per week and based on the amount of weeks of enrolled. Please select the program you are registering for and the total number of weeks your child will attend. There is a **2-Week Minimum for Preschool Camp**.

ITEM DESCRIPTION	1-3 WEEKS	4-7 WEEKS	8-11 WEEKS	TOTAL
<input type="checkbox"/> Multi-Sport Camp - Ages 6-13: 9:00am - 3:00pm	\$1,600 NOW \$1,500	\$1,500 NOW \$1,400	\$1,400 NOW \$1,300	
<input type="checkbox"/> Preschool Camp Full Day - Ages 3-5: 9:00am - 3:00pm (Must be fully potty-trained)	\$1,600 NOW \$1,500	\$1,500 NOW \$1,400	\$1,400 NOW \$1,300	
<input type="checkbox"/> Preschool Camp Half Day - Ages 3-5: 9:00am - 1:30pm (Must be fully potty-trained)	\$1,500 NOW \$1,400	\$1,400 NOW \$1,300	\$1,300 NOW \$1,200	
TOTAL WEEKS/AMOUNT				
DEPOSIT: 25% Required before January 1, 2026 to secure Early Registration Rates (fully refundable until March 31, 2026).				
BALANCE DUE BY April 1, 2026				
<input type="checkbox"/> Sibling Discount: 5% off for 2nd Child and 10% for additional siblings				
BALANCE WITH DISCOUNTS				

Schedule Selection Please check all weeks that apply. Changes may be made until March 31st, subject to availability.

SELECT WEEK <input type="checkbox"/> WEEK 1: JUNE 22 - JUNE 26 <input type="checkbox"/> WEEK 2: JUNE 29 - JULY 3 <input type="checkbox"/> WEEK 3: JULY 6 - JULY 10 <input type="checkbox"/> WEEK 4: JULY 13 - JULY 17	SELECT WEEK <input type="checkbox"/> WEEK 5: JULY 20 - JULY 24 <input type="checkbox"/> WEEK 6: JULY 27 - JULY 31 <input type="checkbox"/> WEEK 7: AUGUST 3 - AUGUST 7 <input type="checkbox"/> WEEK 8: AUGUST 10 - AUGUST 14	SELECT WEEK <input type="checkbox"/> WEEK 9: AUGUST 17 - AUGUST 21 <input type="checkbox"/> WEEK 10: AUGUST 24 - AUGUST 28* <input type="checkbox"/> WEEK 11: AUGUST 31 - SEPTEMBER 4* <small>*Weeks 10 and 11 are reserved for campers attending earlier weeks.</small>
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Payment Information Please select your Payment Method and Agree to Payment Terms.

CREDIT CARD <input type="checkbox"/> I authorize SPORTIME to charge my credit card on file. <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 CVV ZIP CHARGE TO ACCOUNT <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 on April 1, 2026. CHECK OR CASH <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>	PAYMENT TERMS 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 due on April 1, 2026. Payment in full is required for registration after April 1, 2026. Adding additional camp weeks after April 1, 2026, 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 April 1, 2026. Any request for a refund of camp tuition or deposit (less a \$100 per week cancellation fee) must be received prior to March 31, 2026. No refunds will be given after March 31, 2026. There are no "make-ups" for absences and unused camp days/time will not be credited or refunded. Discounts cannot be combined. PARENT/GUARDIAN SIGNATURE DATE
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PLEASE COMPLETE THE REVERSE SIDE >



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Authorized Pick-Up List Please list those allowed to pick-up your child, in addition to, the Parents/Guardians listed on the reverse. 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

Friend Requests (if any)

FIRST NAME	LAST NAME
FIRST NAME	LAST NAME
FIRST NAME	LAST NAME

Camp Liability Waiver, Assumption of Risk and Release, and Other Terms and 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 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>

INITIAL:

_____ **SUNSCREEN PERMISSION:** New York State Public Health Law 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 requested.

_____ **INSECT REPELLENT PERMISSION:** New York State Public Health Law 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 requested.

_____ **OFF-SITE TRIP PERMISSION:** SPORTIME has my consent to take my child on camp trips off SPORTIME premises. Parents will be notified prior to any camp field trips.

PARENT/GUARDIAN SIGNATURE

DATE

Please note: Camper Immunization records are required before the start of camp.



Register Today!

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

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