



CAMP SEASON: JUNE 8, 2026 - SEPTEMBER 4, 2026

Camper Information Please complete all fields and print clearly.

CAMPER: FIRST NAME		LAST NAME		DATE OF BIRTH	
BILLING ADDRESS		APT #		SCHOOL & GRADE ENROLLED SEPT 2026	
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 CAMPER	CONTACT NUMBER
ALLERGIES / HEALTH RESTRICTIONS					
HOW DID YOU HEAR ABOUT US?				T-SHIRT SIZE	
<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"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> YXL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL	

Camp Costs Junior Tennis Membership included with camp costs (\$850 Value). Free use of tennis courts while students are enrolled in JMTA and any time when Adult Members are not waiting to use courts. Prices are based on amount of weeks or per diem options. Per Diem is subject to availability and must be pre-approved by JMTA Director.

ITEM DESCRIPTION	WEEKS	COST	#WEEKS/DAYS	TOTAL
<input type="checkbox"/> JMTA Green & Yellow - Ages 8-18: 10:15am - 4:00pm	1-2 WEEKS	\$1,600.00 NOW \$1,500.00		
<input type="checkbox"/> JMTA Green & Yellow - Ages 8-18: 10:15am - 4:00pm	3-7 WEEKS	\$1,500.00 NOW \$1,400.00		
<input type="checkbox"/> JMTA Green & Yellow - Ages 8-18: 10:15am - 4:00pm	8-13 WEEKS	\$1,400.00 NOW \$1,300.00		
CAMP TOTAL				
BALANCE DUE: Balance due in full at time of registration.				

Spring JMTA Yellow & Green Ball and Mac Red & Orange Ball Programs Begin April 11, 2026

Additional Services Please check below, if interested, and we will contact you to discuss/schedule.

<input type="checkbox"/> Private Tennis Lessons (cost varies by coach)	<input type="checkbox"/> USTA Tournaments - Please provide ranking/standing:
<input type="checkbox"/> Private Strength or Speed, Agility & Quickness Training (subject to availability): (cost varies by coach)	<input type="checkbox"/> Universal Tennis Matches - Please provide current UTR Level:

Schedule Selection Please check all weeks/or individual days that apply. Changes may be made until June 1st. All changes after will be subject to availability.

SELECT WEEK	SELECT WEEK	SELECT WEEK
<input type="checkbox"/> WEEK 1: JUN 8 - JUN 12	<input type="checkbox"/> WEEK 5: JUL 6 - JUL 10	<input type="checkbox"/> WEEK 9: AUG 3 - AUG 7
<input type="checkbox"/> WEEK 2: JUN 15 - JUN 19	<input type="checkbox"/> WEEK 6: JUL 13 - JUL 17	<input type="checkbox"/> WEEK 10: AUG 10 - AUG 14
<input type="checkbox"/> WEEK 3: JUN 22 - JUN 26	<input type="checkbox"/> WEEK 7: JUL 20 - JUL 24	<input type="checkbox"/> WEEK 11: AUG 17 - AUG 21
<input type="checkbox"/> WEEK 4: JUN 29 - JUL 3	<input type="checkbox"/> WEEK 8: JUL 27 - JUL 31	<input type="checkbox"/> WEEK 12: AUG 24 - AUG 28
		<input type="checkbox"/> WEEK 13: AUG 29 - SEPT 4

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

PLEASE COMPLETE THE REVERSE >

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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 CODE
<input type="checkbox"/> Check here to make this your guaranteed form of payment on file.			
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.			
CHECK OR CASH			
<input type="checkbox"/> CHECK # _____		<input type="checkbox"/> CASH	
You must have a credit card on file if you are not paying in full.		AMOUNT	

PAYMENT TERMS	
<p>Enrollment is limited. Spaces are reserved on a first-come first-served basis upon receipt of a completed application. All balances are due in full at time of registration. Adding additional camp weeks after January 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 January 31, 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.</p>	
PARENT/GUARDIAN SIGNATURE	DATE

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>.

☐ **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 requested.

☐ **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 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
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