

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	GENDER
MAILING ADDRESS				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?		
			<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		

Camp Costs Prices listed are per week

ITEM DESCRIPTION	ONE WEEK COST		PER DIEM COST		# WEEKS	TOTAL
	Members	Non-Members	Members	Non-Members		
<input type="checkbox"/> JMTA MAC Red & MAC Orange - Full Day	\$966.00	\$1,066.00	\$240.00	\$265.00		
<input type="checkbox"/> JMTA MAC Red & MAC Orange - Half Day	\$615.00	\$715.00	\$139.00	\$164.00		
<input type="checkbox"/> Add on: Saturdays 9:30am-12:00pm	N/A	N/A	\$139.00	\$164.00		
CAMP SUB-TOTAL						
<input type="checkbox"/> Sibling Discount: 5% off for 2nd Child						
<input type="checkbox"/> Transportation - See reverse side for details						
TOTAL CAMP						
DEPOSIT: 25% REQUIRED BEFORE JUNE 1, 2026.					25%	
BALANCE WITH DISCOUNTS DUE BY JUNE 1, 2026.						

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

Private Tennis Lessons Athletic Training Sessions Individual Mental Toughness Sessions

Please note: On-site lunch is available for an additional fee. Scan QR Code for menu. You may also choose to pack and send lunch with your child.



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

<p>SELECT WEEK</p> <input type="checkbox"/> WEEK 1: JUN 8 - JUN 12 <input type="checkbox"/> WEEK 2: JUN 15 - JUN 19 <input type="checkbox"/> WEEK 3: JUN 22 - JUN 26 <input type="checkbox"/> WEEK 4: JUN 29 - JUL 3	<p>SELECT WEEK</p> <input type="checkbox"/> WEEK 5: JUL 6 - JUL 10 <input type="checkbox"/> WEEK 6: JUL 13 - JUL 17 <input type="checkbox"/> WEEK 7: JUL 20 - JUL 24 <input type="checkbox"/> WEEK 8: JUL 27 - JUL 31	<p>SELECT WEEK</p> <input type="checkbox"/> WEEK 9: AUG 3 - AUG 7 <input type="checkbox"/> WEEK 10: AUG 10 - AUG 14 <input type="checkbox"/> WEEK 11: AUG 17 - AUG 21 <input type="checkbox"/> WEEK 12: AUG 24 - AUG 28 <input type="checkbox"/> WEEK 13: AUG 31 - SEP 4	<p>SELECT SATURDAYS - 9:30am-12pm</p> <input type="checkbox"/> JUN 13 <input type="checkbox"/> JUL 11 <input type="checkbox"/> AUG 8 <input type="checkbox"/> JUN 20 <input type="checkbox"/> JUL 18 <input type="checkbox"/> AUG 15 <input type="checkbox"/> JUN 27 <input type="checkbox"/> JUL 25 <input type="checkbox"/> AUG 22 <input type="checkbox"/> JUL 4 <input type="checkbox"/> AUG 1 <input type="checkbox"/> AUG 29
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Payment Information Please select your Payment Method and Agree to Payment Terms.

<p>CREDIT CARD</p> <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 <table border="1"> <tr> <td>CARD NUMBER</td> <td>CVC</td> <td>EXPIRATION</td> <td>BILLING ZIP CODE</td> </tr> </table>	CARD NUMBER	CVC	EXPIRATION	BILLING ZIP CODE	<p>PAYMENT TERMS</p> <p>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 June 1, 2026. Payment in full is required for registration after June 1, 2026. 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, 2026. SPORTIME reserves the right to charge the credit card provided for any balance due on June 1, 2026. Any request for a refund of camp tuition or deposit (less a \$100 per week cancellation fee) must be received prior to June 1, 2026. No refunds will be given after June 1, 2026. There are no "make-ups" for absences and unused camp days/time will not be credited or refunded. VALID CREDIT CARD MUST BE PROVIDED ON THIS APPLICATION IN ORDER FOR A CAMP SPACE TO BE RESERVED.</p>
CARD NUMBER	CVC	EXPIRATION	BILLING ZIP CODE		
<p>CHARGE TO ACCOUNT</p> <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. <p>CHECK OR CASH</p> <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> CASH <input type="checkbox"/> AMOUNT _____ You must have a credit card on file if you are not paying in full.	<table border="1"> <tr> <td>PARENT/GUARDIAN SIGNATURE</td> <td>DATE</td> </tr> </table>	PARENT/GUARDIAN SIGNATURE	DATE		
PARENT/GUARDIAN SIGNATURE	DATE				

In order for this application to be processed, please complete all required information and return with deposit due. Please print clearly.

Transportation Please list the names of people your child may be left with/picked up by:

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

Transportation Option: Please select one (Shuttle or Door-to-Door)

Shuttle

<input type="checkbox"/> Round Trip	<input type="checkbox"/> \$70.00 per day	<input type="checkbox"/> \$346.00 per week
<input type="checkbox"/> Pick-Up Only	<input type="checkbox"/> \$36.00 per day	<input type="checkbox"/> \$173.00 per week
<input type="checkbox"/> Drop-Off Only	<input type="checkbox"/> \$36.00 per day	<input type="checkbox"/> \$173.00 per week

If your child(ren) is(are) taking the shuttle please check your desired pick-up/drop-off location below. Saturday shuttle service is available. Please contact transportations.

OR

Door-to-Door

<input type="checkbox"/> Round Trip	<input type="checkbox"/> \$90.00 per day	<input type="checkbox"/> \$451.00 per week
<input type="checkbox"/> Pick-Up Only	<input type="checkbox"/> \$46.00 per day	<input type="checkbox"/> \$230.00 per week
<input type="checkbox"/> Drop-Off Only	<input type="checkbox"/> \$46.00 per day	<input type="checkbox"/> \$230.00 per week

My child may be dropped off with the door person: Yes No

My child does not need to be met by anyone at drop-off: Yes No

Drop-Off Address if Drop-Off Location is Different than Home Address:

Pick-Up/Drop-Off Information: If your child is taking the Shuttle, please check the desired stops below. Pick-Ups south of 72nd Street are considered Door-to-Door. For drop-off time, please circle the half-day or full-day option. **PICK-UP AND DROP-OFF TIMES ARE SUBJECT TO CHANGE, WEEK TO WEEK.**

<input type="checkbox"/> East Side - Pick-Up 1	<input type="checkbox"/> East Side - Pick-Up 2	<input type="checkbox"/> West Side - Pick-Up 1	<input type="checkbox"/> West Side - Pick-Up 2
<input type="checkbox"/> 72nd & 3rd Avenue - 8:15am	<input type="checkbox"/> 72nd & Madison - 8:15am	<input type="checkbox"/> 72nd & CPW - 8:05am	<input type="checkbox"/> 72nd & Amsterdam Ave - 8:05am
<input type="checkbox"/> 79th & 3rd Avenue - 8:20am	<input type="checkbox"/> 79th & Madison - 8:20am	<input type="checkbox"/> 81st & CPW - 8:10am	<input type="checkbox"/> 81st & Broadway - 8:10am
<input type="checkbox"/> 86th & 3rd Avenue - 8:25am	<input type="checkbox"/> 86th & Madison - 8:25am	<input type="checkbox"/> 86th & CPW - 8:15am	<input type="checkbox"/> 86th & Broadway - 8:15am
<input type="checkbox"/> 96th & 3rd Avenue - 8:30am	<input type="checkbox"/> 96th & Madison - 8:30am	<input type="checkbox"/> 96th & CPW - 8:20am	<input type="checkbox"/> 96th & Broadway - 8:20am

<input type="checkbox"/> East Side - Drop-Off 1	Full Day	<input type="checkbox"/> East Side - Drop-Off 2	Full Day	<input type="checkbox"/> West Side - Drop-Off 1	Full Day	<input type="checkbox"/> West Side - Drop-Off 2	Full Day
<input type="checkbox"/> 96th & 2nd Avenue	4:20pm	<input type="checkbox"/> 96th & Park Avenue	4:20pm	<input type="checkbox"/> 96th & CPW	4:25pm	<input type="checkbox"/> 96th & Broadway	4:25pm
<input type="checkbox"/> 86th & 2nd Avenue	4:25pm	<input type="checkbox"/> 86th & Park Avenue	4:25pm	<input type="checkbox"/> 86th & CPW	4:30pm	<input type="checkbox"/> 86th & Broadway	4:30pm
<input type="checkbox"/> 79th & 2nd Avenue	4:30pm	<input type="checkbox"/> 79th & Park Avenue	4:30pm	<input type="checkbox"/> 79th & CPW	4:35pm	<input type="checkbox"/> 81st & Broadway	4:35pm
<input type="checkbox"/> 72nd & 2nd Avenue	4:35pm	<input type="checkbox"/> 72nd & Park Avenue	4:35pm	<input type="checkbox"/> 72nd & CPW	4:40pm	<input type="checkbox"/> 72nd & Broadway	4:40pm

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.sportimemny.com/privacy>. If the named participant's email address is provided above, I authorize SPORTIME to contact him/her at such address directly. 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 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 to train or compete on tennis courts off SPORTIME premises, and to take other camp day-trips off SPORTIME premises.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

