JMTA HAMPTIONS/SPORTIME AMAGANSETT
320 Abrahams Path, Box 778, Amagansett, NY 11930
PHONE: (631) 267-1038 | **FAX**: (631) 267-1082
EMAIL: jmtahamptons@sportimeny.com
www.SportimeCamps.com/JMTA-AM

JMTA Hamptons

Summer Transportation 2027 Application

☐ **RETURNING CAMPER** ☐ **NEW CAMPER**

CAMP SEASON: JUNE 7, 2027 - SEPTEMBER 3, 2027

Camper Information Please complete all fields and print clearly.

CAMPER: FIRST NAME	LAST NAME		DATE OF BIRTH	
BILLING ADDRESS	APT #		SCHOOL & GRADE ENROLLED SEPT 2027	
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				

Transportation Cost: Cost is per week - Spots limited.

ITEM DESCRIPTION	COST	#WEEKS	TOTAL
☐ Transportation - Round Trip	$350/Week		
BALANCE DUE: Balance due in full at time of registration.			

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 Options:

☐ Shuttle
☐ Southampton Train Station (Powell Avenue & Railroad Plaza, Southampton, NY 11968) - Pick up time: 9:00am, Drop off time: 4:50pm
☐ Bridgehampton Train Station (Maple Avenue, Bridgehampton, NY 11932) - Pick up time: 9:25am, Drop off time: 4:30pm

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
☐ WEEK 1: N/A
☐ WEEK 2: N/A
☐ WEEK 3: JUN 21 - JUN 25
☐ WEEK 4: JUN 28 - JUL 2

SELECT WEEK
☐ WEEK 5: JUL 5 - JUL 9
☐ WEEK 6: JUL 12 - JUL 16
☐ WEEK 7: JUL 19 - JUL 23
☐ WEEK 8: JUL 26 - JUL 30

SELECT WEEK
☐ WEEK 9: AUG 2 - AUG 6
☐ WEEK 10: AUG 9 - AUG 13
☐ WEEK 11: AUG 16 - AUG 20
☐ WEEK 12: AUG 23 - AUG 27
☐ WEEK 13: AUG 30 - SEPT 3

PLEASE COMPLETE THE REVERSE >

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Payment Information

Please select your Payment Method and Agree to Payment Terms.

CREDIT CARD

☐ I authorize SPORTIME to charge my credit card on file.

☐ Please use this card: ☐ MC ☐ VISA ☐ AMEX ☐ DISCOVER

CARD NUMBER	EXPIRATION	CVV	ZIP CODE

☐ Check here to make this your guaranteed form of payment on file.

CHARGE TO ACCOUNT

☐ 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

☐ CHECK # _____ ☐ CASH

You must have a credit card on file if you are not paying in full.

AMOUNT

PAYMENT TERMS

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. SPORTIME reserves the right to charge the credit card provided for any balance due on January 31, 2027. Any request for a refund of camp tuition or deposit (less a $100 per week cancellation fee) must be received prior to March 31, 2027. No refunds will be given after March 31, 2027. There are no "make-ups" for absences and unused camp days/time will not be credited or refunded.

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 selecting agree, I confirm that I am the parent or legal guardian of the above-named camper(s) and hereby give permission for such camper(s) to participate in the SPORTIME Clubs, LLC ("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, 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(ren), 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(ren) to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent my child(ren)'s participation in SPORTIME camp programs, services and activities. In case of accident or injury to my child(ren), and if an emergency contact person cannot be reached, I grant SPORTIME permission to obtain medical attention for my child(ren), if necessary, for which I will be financially responsible. SPORTIME reserves the right to cancel this contract at any time, in 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 above-named camper(s) 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.

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:
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