



SPORTIME Bethpage Tennis
 101 Norcross Avenue, Bethpage, NY 11714
 TEL: (516) 933-8500 TEXT: (516) 464-0216
 www.SportimeNY.com/Bethpage-Tennis

SPORTIME BETHPAGE 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.

ITEM DESCRIPTION	1-3 WEEKS	4-7 WEEKS	8-10 WEEKS	20 DAYS	DAILY	#WEEKS/DAYS	TOTAL
<input type="checkbox"/> Tennis & Sports - Ages 4-14: 9:00am - 4:00pm	\$595.00	\$525.00	\$495.00	\$2,200.00	\$135.00		
CAMP TOTAL							
DEPOSIT: Required 25% deposit required before May 1, 2025							
BALANCE DUE BY JUNE 1, 2025							
<input type="checkbox"/> Sibling Discount: 5% off for additional Child							
<input type="checkbox"/> ADD ON: Lunch Option		\$12/Per Day	\$50/Per Week				
BALANCE WITH DISCOUNTS/ADD-ONS							

Schedule Selection Please check all weeks/or individual days that apply. Changes may be made until June 1st. All changes thereafter will be subject to availability.
NO CAMP JULY 4, 2025.

SELECT WEEK OR CHECK DAY	M	T	W	T	F
<input type="checkbox"/> WEEK 1: JUN 30 - JUL 4					X
<input type="checkbox"/> WEEK 2: JUL 7 - JUL 11					
<input type="checkbox"/> WEEK 3: JUL 14 - JUL 18					
<input type="checkbox"/> WEEK 4: JUL 21 - JUL 25					

SELECT WEEK OR CHECK DAY	M	T	W	T	F
<input type="checkbox"/> WEEK 5: JUL 28 - AUG 1					
<input type="checkbox"/> WEEK 6: AUG 4 - AUG 8					
<input type="checkbox"/> WEEK 7: AUG 11 - AUG 15					
<input type="checkbox"/> WEEK 8: AUG 18 - AUG 22					

SELECT WEEK OR CHECK DAY	M	T	W	T	F
<input type="checkbox"/> WEEK 9: AUG 25 - AUG 29					
<input type="checkbox"/> 20 DAYS *Please Select Your Days*					
<input type="checkbox"/> Daily					

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

<p>CREDIT CARD</p> <p><input type="checkbox"/> I authorize SPORTIME to charge my credit card on file.</p> <p><input type="checkbox"/> Please use this card: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER</p> <p>CARD NUMBER _____ EXPIRATION _____ CVV _____ ZIP _____</p> <p><input type="checkbox"/> Check here to make this your guaranteed form of payment on file.</p> <p>CHARGE TO ACCOUNT</p> <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> <p>CHECK OR CASH</p> <p><input type="checkbox"/> CHECK # _____ <input type="checkbox"/> CASH</p> <p>You must have a credit card on file if you are not paying in full.</p>	<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, 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.</p> <p>PARENT/GUARDIAN SIGNATURE _____ DATE _____</p>
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PLEASE COMPLETE THE REVERSE >



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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

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. 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.

_____ **OFF-SITE TRIP PERMISSION:** SPORTIME has my consent to take my child on camp trips off SPORTIME premises.

PARENT/GUARDIAN SIGNATURE	DATE
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Register Today!

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

SPORTIME Bethpage Tennis

Mail: 101 Norcross Avenue, Bethpage, NY 11714 | **Register Online:** www.SportimeNY.com/SummerCamps/BT

Questions? Contact Camp Director, Maria Kinalis | **Phone:** (516) 933-8500 | **Text:** (516) 464-0216 | **Email:** campsbt@sportimeny.com