



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

EHSC@SPORTIME AMAGANSETT
Summer Camp 2025 Application
 RETURNING CAMPER NEW CAMPER

CAMP SEASON: JUNE 16, 2025 - AUGUST 29, 2025

Camper Information

CAMPER: FIRST NAME		LAST NAME		DATE OF BIRTH		GRADE ENTERING IN FALL 2025	
BILLING ADDRESS			APT#	CITY	STATE	ZIP	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NON-BINARY
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**. 1 week enrollments may be accommodated based on availability and will be billed at the one week rate. Please call for availability and cost details.

ITEM DESCRIPTION	2-4 WEEKS	5-7 WEEKS	8-11 WEEKS	# WEEKS	TOTAL
<input type="checkbox"/> Junior Multi-Sport - Ages 6-13: 9:00am - 3:00pm	\$1,550	\$1,450	\$1,350		
<input type="checkbox"/> Preschool Camp Full Day - Ages 3-5: 9:00am - 3:00pm (Must be fully potty-trained)	\$1,550	\$1,450	\$1,350		
<input type="checkbox"/> Preschool Camp Half Day - Ages 3-5: 9:00am - 1:30pm (Must be fully potty-trained)	\$1,450	\$1,350	\$1,250		
TOTAL WEEKS/AMOUNT					
DEPOSIT: 25% Required					
BALANCE DUE BY March 1, 2025					
<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 1st, subject to availability.

SELECT WEEK <input type="checkbox"/> WEEK 1: JUNE 16 - JUNE 20 <input type="checkbox"/> WEEK 2: JUNE 23 - JUNE 27 <input type="checkbox"/> WEEK 3: JUNE 30 - JULY 4 <input type="checkbox"/> WEEK 4: JULY 7 - JULY 11	SELECT WEEK <input type="checkbox"/> WEEK 5: JULY 14 - JULY 18 <input type="checkbox"/> WEEK 6: JULY 21 - JULY 25 <input type="checkbox"/> WEEK 7: JULY 28 - AUGUST 1 <input type="checkbox"/> WEEK 8: AUGUST 4 - AUGUST 8	SELECT WEEK <input type="checkbox"/> WEEK 9: AUGUST 11 - AUGUST 15 <input type="checkbox"/> WEEK 10: AUGUST 18 - AUGUST 22* <input type="checkbox"/> WEEK 11: AUGUST 25 - AUGUST 29* <small>*Weeks 10 and 11 are reserved for campers who have already attended camp for a minimum of 2 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	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 March 1, 2025. Payment in full is required for registration after March 1, 2025. Adding additional camp weeks after March 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 March 1, 2025. Any request for a refund of camp tuition or deposit (less a \$100 per week cancellation fee) must be received prior to March 1, 2025. There are no "make-ups" for absences and unused camp days/time will not be credited or refunded. Discounts cannot be combined.
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 March 1, 2025.	PARENT/GUARDIAN SIGNATURE DATE
CHECK OR CASH <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> CASH AMOUNT	You must have a credit card on file if you are not paying in full.



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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.sportimemy.com/privacy_policy.php.

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
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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:
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