## EARLY REGISTRATION SUMMER CAMP APPLICATION

### **SUMMER 2013**

# SPORTIME

#### SPORTIME AT KINGS PARK

275 OLD INDIAN HEAD ROAD, KINGS PARK NY 11754

P. 631/269-6300 F. 631/544-9355

□ NEW CAMPER
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□ RETURNING CAMPER

□ RETURNING CAMPER W/CHANGES

YOUR CHILD'S SHIRT SIZE \_\_\_\_

### CAMPER INFORMATION Please print clearly and legibly.

Camper First Name	Camper Last Name School Attending	
DOB Gender   MALE   FEMAL	E Grade entering fall 2013	
HOME Address	City, State & Zip	
Home Phone	Alt Phone	
1) Parent's/Guardian's Name	Cell Phone	
2) Parent's/Guardian's Name	Cell Phone	
Emergency Contact Name	Relation to Camper	
Emergency Phone	Email Address (REQUIRED)	
Health Restrictions (if any):		
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damage or theft of personal property that may occur while my child is enrolled in this program on or off SPORTIME premises. This release applies individually and jointly to other campers, their friends or their family members. SPORTIME reserves the right to remove any camper for conduct deemed to be detrimental to the camp. I further understand that SPORTIME retains the rights to any photographs or video taken at the facility to be used for publicity or advertising. I also understand that I will be charged for extended day care in the event that I drop off or pick up my child more than 15 minutes prior to the start of camp or 15 minutes beyond the end of camp.  Any unused camp time will not be credited or refunded. Please Initial Here:		
*VALID CREDIT CARD INFORMATION MUST BE SUPPLIED ON THIS APPLICATION BELOW IN ORDER FOR A CAMP SPACE TO BE RESERVED.		
PARENT'S/GUARDIAN'S SIGNATURE	DATE	
STAFF SIGNATURE	DATE	
PAYMENT INFORMATION   MasterCard Visa AME  Please charge the credit card listed above for the required program deposit to hold my spot a  Check Payment enclosed for:		

Please return completed applications to: SPORTIME SUMMER CAMP, SPORTIME at Kings Park, 275 Old Indian Head Rd., Kings Park, NY 11754