631.324.0297



172 Buckskill Road East Hampton, NY 11937

Summer Camp 2016

SELECT YOUR CAMP:	Rising Stars (ages 3-7) Rising Stars Tennis— John's Master Class (ages 5-7) Shooting Stars (ages 8-12) Five Star Tennis (ages 8-13) CIT Program (ages 13 & 14)			
SELECT YOUR T-SHIRT SIZE:	XS (3-4) L (9-10)		M (7-8)	
		XL (9-10)	Additional T-Shirts \$12 each	
CAMPER INFORMATION				
First Name				
Last Name				
Birth Date (MM/DD/YY)				
Gender:	Male Female			
Age				
Grade (rising)				

PARENT/GUARDIAN INFORMATION

First Name

Last Name

Primary Phone

Secondary Phone

Email Address

City						
State						
ZIP Code						
Mailing Address						
City						
State						
ZIP Code						
EMERGENCY CO	NTACT INFORMATION					
First Name						
Last Name						
Primary Phone						
Secondary Phone						
Relationship to Camper						
REGISTRATION I	NFORMATION					
Please mark which weeks the Daily Option box below	your child will be attending or if attending daily, please note which days in v.					
Week(s):	PRE CAMP - June 20-June 24					
CAMP:	WEEK ONE June 27-July 1					
	WEEK TWO July 4-July 8					
	WEEK THREE July 11-July 15					
	WEEK FOUR July 18-July 22					
	WEEK FIVE July 25-July 29					

POST CAMP: August 22-August 26

Summer Address

August 29- September 2

WEEK SIX August 1-August 5

WEEK SEVEN August 8-August 12 WEEK EIGHT August 15-August 19

CAMP RATES:

Rising Stars/John's Master Class

1-3 Weeks \$795 Half Days

\$995 Full Days

4-6 Weeks \$750 Half Days

\$875 Full Days

7-8+ Weeks \$695 Half Days

\$825 Full Days

5 Star Tennis and Shooting Stars:

1-3 Weeks \$995

4-6 Weeks \$875

7-8+ Weeks \$825

C.I.T. Program \$395 Weekly

ADD-ONS & DISCOUNTS

Transportation(Pick-Up & Drop Off) \$135 Weekly

Sibling Discount 10% Off per child

Early Enrollment 5% Off

PAYMENT INFORMATION

Please note 50% deposit is due at time of registration. Balance to be paid upon first day of camp.

Credit Card	VISA	Mastercard	AMEX				
Credit Card #							
Expiration Date							
Security Code							
Billing Zip Code							
Name on Card							
Check							
Cash							
As parent or guardian of the applicant, I hereby accept the condition of enrollment and give permission for my child to participate in Hampton Racquet programs. I agree to comply with all program regulations, and hereby remove camp site staff and management at Hampton Racquet from any and all liability for injury or damages incurred while involved in this program. Hampton Racquet retains the rights to any photographs or videotapes of the campers taken at camp to be used for publicity or advertising.							
Signature							
Date							

Permission Slip 2016

l,	, hereby GIVE permission for my
child(ren),	• •
camp activities: including off-site programs and car	mp trips.
Parent / Guardian's Signature	
	Date:
Permission Slip – For Kaya	aking/Paddle Boarding
This activity is provided for age groups of 8 and up permission statement is required for your child to p assured that all required safety equipment, includir child will be closely supervised. Any camper over the permission slip completed.	participate in kayaking or paddle boarding. Being life jackets, will be provided and that your he age of 8 must have this portion of the
1,	
Has permission to participate in kayaking/paddle b	oarding as part of the camp activities.
Parent / Guardian's Signature:	Date:
Photo Re	<u>lease</u>
The purpose for this is for flyers, the camp website publicity for the camp. Names will not be used and purposes. I give permission for my child to be photoI do not give permission for my child to be	photographs will only be used for camp ographed by Hampton Racquet.
Parent / Guardian's Signature:	
	Date:
Sun Block F I give permission for sunblock to be applied I do not give permission for sunblock to be a	to my child by counselors at camp.

Pick up Permission

l,	give permission to	
1 2		
in the state of the state		
from camp.		
	Date:	
(Parent Signature)		
Bus Tran	sportation Form	
I, would	like my child	
(print parent name) to take the Hampton Racquet shuttle to / fill (circle o	rom camp ne/or both)	(child's name)
ALWAYSAM/PM ONLYDATES		
Parent Name:		
Child's Name:		
Phone #:		
Emergency Contact: Emergency Contact #:		