



**Napeague Tennis Summer and Sports Day Camp  
Application-Summer 2009**

**The Napeague Tennis Club  
47 Montauk Highway  
Amagansett, NY  
(631) 267-8525**

**Winter/Spring Address:  
Gotham Tennis Academy  
1560 Broadway, 10<sup>th</sup> Floor  
New York, NY 10036  
(646) 292-3511 (tel)  
(646) 292-3517 (fax)**

**Please email us: [info@gothamtennis.com](mailto:info@gothamtennis.com)  
[www.gothamtennis.com](http://www.gothamtennis.com)**

Camper's First Name \_\_\_\_\_  
Camper's Last Name \_\_\_\_\_  
Sex \_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_ School \_\_\_\_\_  
Permanent Home Address \_\_\_\_\_  
Permanent Home Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_  
Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_  
Summer Address \_\_\_\_\_  
Summer Phone \_\_\_\_\_  
Summer Emergency Contact \_\_\_\_\_  
Summer Emergency Telephone # \_\_\_\_\_

How Did You Hear About Us? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**T-shirt Size: (circle one)** junior S M L adult S M L

**Current Level of Tennis: (circle one)**

Novice\* Some experience\* Recreational\* Competitive\* Tournaments\*

**2009 Program Dates:**

Please circle desired week/s at The Napeague Tennis and Sports Summer Day Camp:

#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11
6/15	6/22	6/29	7/6	7/13	7/20	7/27	8/3	8/10	8/17	8/24
to	to	to	to	to	to	to	to	to	to	to
6/19	6/26	7/3	7/10	7/17	7/24	7/31	8/7	8/14	8/21	8/28

Full day camp\_\_\_\_ Half day camp\_\_\_\_

\*\*\* Cost of full day camp is \$800/wk \*\*\* half day camp is \$500/wk

\*\*\* Lunch included daily with price of full camp or bring your own\*\*\*

\*\*\* Transportation (\$150/wk): Yes\_\_\_\_ No\_\_\_\_

Pickup Address: \_\_\_\_\_

Return Address: \_\_\_\_\_

\*\*\*Discounts: Sibling \$35/wk\_\_\_\_ Early Enrollment \$35/wk\_\_\_\_

*(Early enrollment not valid after March 1, 2009)*

Please charge my credit card: MasterCard\_\_\_\_ Visa\_\_\_\_ AMEX\_\_\_\_

Name\_\_\_\_\_ Card #\_\_\_\_\_ Exp.date\_\_\_\_\_

CVV2#\_\_\_\_\_

Note: A 3% additional processing charge will be applied to ALL credit card payments.

Please make all checks payable to:

Gotham Tennis Academy  
1560 Broadway, 10<sup>th</sup> Floor  
New York, NY 10036

Enclosed is my deposit for \$\_\_\_\_\_ (Note: Your deposit should be calculated as follows: \$250 per week \* Number of Weeks = Total Deposit Required to reserve your child's spot.

I give permission to my child to participate in all in and out of camp sponsored activities including but not limited to tennis, basketball, soccer, biking, hiking, boating, kayaking, swimming, and travel in vehicles. I understand and acknowledge that there are risks and dangers of injury inherent in these programs involving physical activity. As the Parent/Guardian of \_\_\_\_\_, I hereby waive and release any and all full rights and claims for damages I may have against Doug Degroot, The Hamptons Tennis Company, Amagansett Beach and Bicycle, The Napeague Tennis Club, Gotham Tennis, Inc., Gotham City Tennis, LLC, its directors, agents, staff, and tennis professionals for any and all injuries sustained by the player. This includes transportation to and from the program in connection with any participation in this program. Gotham City Tennis, LLC is hereby relieved of any liability as a result of negligence. I so hereby give my consent to medical emergency or otherwise, inclusive of necessary transportation in order to receive treatment in the event of injury or any other illness with my child. Gotham Tennis Inc. retains the rights to any photographs or video tapes of the campers taken at camp to be used for publicity or advertising. **I understand that as of April 15<sup>th</sup>, 2009 cancellations are non-refundable, and ALL remaining balances will be charged.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_