



Hamptons Jiu-Jitsu – Summer Camp Application 2017
801 County Rd 39 #11 Southampton, NY 11968

(631)921-2569 || greg@hamptonsjiujitsu.com || hamptonsjiujitsu.com

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Gender _____ Birth Date _____ Grade _____ School _____

Home Phone _____ EMAIL 1 _____ EMAIL 2 _____

Summer Address _____ Summer Phone _____

Parent 1 _____ Cell# _____ Work# _____

Parent 2 _____ Cell# _____ Work# _____

NON-HJJ MEMBERS

FULL DAY - \$600/week
 HALF DAY - \$450/week

HJJ MEMBERS

FULL DAY - \$500/week
 HALF DAY - \$350/week

SELECT WEEKS

FULL SUMMER June 26–September 1

WEEK 1 June 26–30

WEEK 2 July 3–7

WEEK 3 July 10–14

WEEK 4 July 17–21

WEEK 5 July 24–28

WEEK 6 July 31–August 4

WEEK 7 August 7–11

WEEK 8 August 14–18

WEEK 9 August 21–25

WEEK 10 August 28–September 1

Credit Card: Visa American Express MasterCard

Name _____ Card no. _____

Exp. date / CVV Code

Please Make Checks payable to: **Hamptons Jiu Jitsu, LLC 801 County Rd 39 Unit 11 Southampton, NY 11968**

As parent or guardian of the applicant, I hereby accept the condition of enrollment and give permission for my child to participate in HJJ Summer Camp. I agree to comply with all program regulations, and hereby remove campsite staff, management., from Hamptons Jiu Jitsu, LLC for any and all liability for injury or damages incurred while involved in this program. Hamptons Jiu Jitsu, LLC retains the rights to any photographs or video of the campers taken at camp to be used for publicity or advertising. I understand that cancellations are non-refundable.

Signature _____ Date _____