



Port Washington  
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 www.SportimeNY.com/PortWashington

# SPORTIME Port Washington Party Application

*In order for this application to be processed, please complete all required information and return the required deposit. Please print clearly.*

RESPONSIBLE PARTY INFORMATION Please complete all fields and print clearly.				
PARENT/GUARDIAN FIRST NAME		LAST NAME		GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NON-BINARY
STREET ADDRESS	ADDRESS 2	CITY	STATE	ZIP
PARENT/GUARDIAN: EMAIL ADDRESS (REQUIRED)		MOBILE PHONE	HOME PHONE	
MOBILE PHONE	HOME PHONE	BUSINESS PHONE	HOW DO YOU PREFER TO BE CONTACTED: <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> TEXT <input type="checkbox"/> MAIL	
EMERGENCY CONTACT: FIRST NAME		LAST NAME	RELATION TO BIRTHDAY CHILD	CONTACT PHONE NUMBER

BIRTHDAY CHILD INFORMATION Please complete all fields and print clearly.			PARTY DATE Please fill in your preferred party date and time	
BIRTHDAY CHILD FIRST NAME		LAST NAME	DATE	
ALLERGIES/HEALTH RESTRICTIONS	DOB	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NON-BINARY	TIME	

PARTY COSTS - Cost is for 1.5 Hour Party			
	COST	QUANTITY	TOTAL
<input type="checkbox"/> Member Price - 12 Guests	\$375.00*		
<input type="checkbox"/> Non-Member Price - 12 Guests	\$425.00*		
<input type="checkbox"/> Additional Party Guests - Per Person	\$20.00*		
ADDITIONAL SERVICES			
	COST	QUANTITY	TOTAL
<input type="checkbox"/> Additional 30 Minutes - On Court or Party Time	\$100.00*		
<b>TOTAL</b>			
*Plus TAX			
REQUIRED DEPOSIT: \$250.00 (Non-Refundable)			
<b>BALANCE DUE</b>			

**Payment Information** Please select your payment method:

<input type="checkbox"/> CREDIT CARD			
<input type="checkbox"/> I authorize SPORTIME to bill 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	<input type="checkbox"/> Select to make this your guaranteed form of payment on file.	
<input type="checkbox"/> CHECK OR CASH			
You must have a credit card on file if you are not paying the full amount.		<input type="checkbox"/> CHECK <input type="checkbox"/> CASH	IF CHECK, NO. AMOUNT

### Liability Waiver, Assumption of Risk and Release and Other Terms:

I understand that the party price is \$375 for 12 children (\$425 for non-members), plus \$20 for each additional child, plus tax on full balance. By signing below, I understand that I must remit a non-refundable deposit in the amount of \$250 along with this application to reserve the SPORTIME facilities, date and time for my party. I understand that I am required to provide SPORTIME a guaranteed minimum number of party guests no less than 48 hours prior to the start of my party, and that I am financially responsible for that guaranteed minimum number of party guests, even if the actual number of party guests that attends is fewer than the guaranteed minimum. If more than the guaranteed minimum number of party guests attend, additional charges may apply at the rates set forth above. I understand and agree that the balance remaining for the party, in excess of the deposit, must be paid in full before the party commences. I understand that I am responsible for supplying the birthday cake and candles for my party. I agree that I am the parent or legal guardian of the named participant, and that we will abide by all rules and regulations which now exist or which may be hereafter adopted or amended by SPORTIME. I further acknowledge and agree that there are certain inherent dangers in participating in SPORTIME programs, services and activities, and that SPORTIME shall not be liable for any personal injuries, property damage, or other loss sustained by the named participant in, on or about the premises of SPORTIME, or arising out of the use or intended use of any facilities, equipment or other property of SPORTIME. I hereby further declare the named participant to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent his/her participation in SPORTIME programs, services and activities. In the case of accident or injury to the named participant, and if an emergency contact person cannot be reached, I grant SPORTIME permission to obtain medical attention, if necessary, for which I will be financially responsible. SPORTIME reserves the right to cancel this contract at any time, at its sole discretion, and SPORTIME's sole liability shall be to refund any amounts previously paid on a pro-rata basis. 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.sportimeny.com/privacy\\_policy.php](https://www.sportimeny.com/privacy_policy.php). If the named participant's email address is provided above, I authorize SPORTIME to contact him/her at such address directly. SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED BY THE PARTICIPANT.

**AUTHORIZED SIGNATURE:**

**DATE:**