



SPORTIME Amagansett
 320 Abrahams Path, P.O. Box 778
 Amagansett, NY 11930
TEL or TEXT: (631) 267- 1038
 www.SportimeNY.com/AM, amagansett@sportimeny.com

ADULT FALL PICKLEBALL APPLICATION 2023

SPORTIME Amagansett

EXISTING PLAYER NEW PLAYER

PICKLEBALL SEASON: SEPTEMBER 4, 2023 - NOVEMBER 5, 2023

Player Information Please complete all fields and print clearly.

MEMBER: FIRST NAME		LAST NAME		DATE OF BIRTH	GENDER	
EMAIL ADDRESS (REQUIRED)		MOBILE NUMBER		PLAYER LEVEL		
				<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
STREET ADDRESS		APT# or P.O.BOX	CITY	STATE	ZIP	HOME PHONE
EMERGENCY CONTACT: FIRST NAME		LAST NAME		RELATION TO PLAYER	CONTACT NUMBER	
HOW DID YOU HEAR ABOUT US?					INSTAGRAM ACCOUNT	
<input type="checkbox"/> Word of Mouth <input type="checkbox"/> Mail <input type="checkbox"/> Web <input type="checkbox"/> Instagram <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Print Ad <input type="checkbox"/> Referral						

Program Costs Please note, any cancellations made less than 24 hours in advance, or no shows, will result in a full charge. No exceptions. Paddle rentals are available for a \$5 fee, which can be credited toward a paddle purchase.

ITEM DESCRIPTION	MEMBER COST	NON-MEMBER COST	QUANTITY	TOTAL
<input type="checkbox"/> 1.5 Hour SPORTIME Pickleball Clinic	\$40	\$50		
<input type="checkbox"/> 1.5 Hour Open Play Session	\$15	\$25		
<input type="checkbox"/> 1 Hour Court Rental	Free	\$50		
<input type="checkbox"/> 1 Hour Private Lesson (1-2 players)	\$175	\$190		
<input type="checkbox"/> 1 Hour Group Lesson (3-4 players)	\$220	\$240		
PROGRAM TOTAL: PAYMENT IN FULL IS DUE UPON REGISTRATION				\$

Registration Information To sign up, please call or text 631-267-1038. Spots are limited. In case of rain 9 indoor courts available.

PICKLEBALL - OPEN PLAY (New Players/Beginners Must Call or Text the Club at 631-267-1038)	
<input type="checkbox"/> Tue: 4:00pm - 5:30pm	All Levels
<input type="checkbox"/> Thurs: 4:00pm - 5:30pm	All Levels
<input type="checkbox"/> Sat : 9:30am - 11:00am	All Levels
<input type="checkbox"/> Sun: 9:30am - 11:00am	All Levels

SPORTIME PICKLEBALL CLINIC (New Players/Beginners Must Call or Text the Club at 631-267-1038)	
<input type="checkbox"/> Fri: 2:00pm - 3:30pm	All Levels
<input type="checkbox"/> Sun: 2:00pm - 3:30pm	All Levels

Payment Information Please select your Payment Method and Agree to Payment Terms.

CREDIT CARD		PAYMENT, LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE AND OTHER TERMS	
<input type="checkbox"/> I authorize SPORTIME to charge 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		I understand that payment in full is required to enroll in SPORTIME Clubs, LLC ("SPORTIME") programs in Amagansett. I consent that SPORTIME may charge the credit card I have provided for the full amount for the program I have selected. I agree that I am the named participant, and that I 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 playing tennis and in participating in other SPORTIME programs, services and activities, and that SPORTIME shall not be liable for any personal injuries, property damage, or other loss sustained by me 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 myself to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent my participation in SPORTIME programs, services and activities. In the case of accident or injury, and if an emergency contact person cannot be reached, I grant SPORTIME permission to obtain medical attention for me, if necessary, for which I will be financially responsible. I understand that if a session is not canceled at least 24 hours in advance, or if a "no-show" occurs, I am responsible for payment of the full session fee. I also accept that SPORTIME does not guarantee make-ups for missed sessions. 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. SPORTIME reserves the right to close courts for repair or alteration. I understand and agree that SPORTIME retains the rights to any photographs or video taken of me 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 .	
CARD NUMBER	EXPIRATION		
CHARGE TO ACCOUNT			
<input type="checkbox"/> I understand that I need a guaranteed form of payment on file, and I authorize SPORTIME to use it for payment(s) due.			
CHECK OR CASH			
<input type="checkbox"/> CHECK # _____	<input type="checkbox"/> CASH	AMOUNT	AUTHORIZED SIGNATURE
Payment in full is required.			DATE



Register Today! Complete this application and return with the required deposit or program amount by mail, fax or email:
SPORTIME Amagansett, Mail: P.O. BOX 778, Amagansett, NY 11930 Fax: 631-267-1082 Email: Amagansett@SportimeNY.com
 Please call or text 631-267-1038.