



**SPORTIME Port Washington**  
 100 Harbor Road, Port Washington, NY 11050  
 TEL: 516-883-6425 | EMAIL: pickleballpw@sportimeny.com  
 www.SportimeNY.com/PortWashington

**SPORTIME Adult Pickleball  
 2023-2024 Ladder League Program Application**

NEW MEMBER  EXISTING MEMBER  EXISTING MEMBER W/CHANGES

**PLAYER INFORMATION** Please complete all fields and print clearly.

|                               |  |            |  |                    |   |   |
|-------------------------------|--|------------|--|--------------------|---|---|
| PLAYER: FIRST NAME            |  | LAST NAME  |  | DATE OF BIRTH      | GENDER  |   |
|                               |  |            |  |                    | <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NON-BINARY |   |
| EMAIL ADDRESS (REQUIRED)      |  |            |  |                    |   |   |
| STREET ADDRESS                |  | ADDRESS 2  |  | CITY               | STATE   | ZIP   |
| 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 PLAYER |   | CONTACT NUMBER  |
|                               |  |            |  |                    |   |   |

**Program Costs**

| ITEM DESCRIPTION                                     | WEEKS    | DURATION | MEMBER   | NON-MEMBER | # SESSIONS | TOTAL |
|--|----------|----------|----------|------------|------------|-------|
| <input type="checkbox"/> Women's Intermediate League | 10 Weeks | 2 Hours  | \$350.00 | \$395.00   |            |       |
| <input type="checkbox"/> Men's Intermediate League   | 10 Weeks | 2 Hours  | \$350.00 | \$395.00   |            |       |
| <b>TOTAL</b>   |          |          |          |            |            |       |
| <b>BALANCE DUE</b>                                   |          |          |          |            |            |       |

**Schedule Selection**

|   |   |
|---|---|
| <b>WOMEN'S LADDER LEAGUE SCHEDULE</b>                                     | <b>MEN'S LADDER LEAGUE SCHEDULE</b>   |
| <input type="checkbox"/> Mondays: 6:00pm - 8:00pm - Starts September 18th | <input type="checkbox"/> Tuesdays: 8:00pm - 10:00pm - Starts September 19th |

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

|   |            |  |                      |
|---|------------|--|----------------------|
| <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:**

By signing below 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 agree to adhere to the terms of the payment plan I have chosen above, and that if my account is not paid as required SPORTIME may charge my bank account/credit card on file for the full amount past due plus a late fee. I 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 an accident or injury to me, 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. **I accept that enrollment in SPORTIME programs is for the full session and that no refunds will be given for withdrawals or absences after the session begins. I also understand that membership is required for participation in certain SPORTIME programs.** SPORTIME reserves the right to close courts for repair or alterations. 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 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](https://www.sportimeny.com/privacy_policy.php). SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED, and any make-up authorized must be completed by August 31st of the session year.

**AUTHORIZED SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Register Today!**

Complete this application and return with required deposit by mail or email, or register conveniently online:

**Port Washington**  
**Mail:** 100 Harbor Road, Port Washington, NY 11050  
**Register Online:** [www.SportimeNY.com/PortWashington](http://www.SportimeNY.com/PortWashington)  
 If you have questions, please contact us:  
**Phone:** 516-883-6425 | **Email:** [pickleballpw@sportimeny.com](mailto:pickleballpw@sportimeny.com)