

□ NEW MEMBER □ EXISTING MEMBER □ EXISTING MEMBER W/CHANGES

□ Fall 17-Week Session: Wed, Sept 11, 2024 - Sat, Feb 1, 2025 □ Full 34-Week Session: Wed, Sept 11, 2024 - Sun, June 22, 2025

PLAYER INFORMATION Please compl	lete all fields and print clearly. Players must b	e active SPORTIME Members to parti	icipate in SPORTIME progr	ams.	
PLAYER: FIRST NAME	LAST NAME		DATE OF BIRTH	GENDER	
PLAYER EMAIL ADDRESS (IF PLAYER IS OVER 13)	PLAYER MOBILE NUMBER (IF		SCHOOL & GRADE ENROLLED SEP	Γ	
PLAYER USTA NUMBER	PLAYER UNIVERSAL TENNIS RATING		GE INTEREST		
STREET ADDRESS	ADDRESS 2	CITY	STATE	ZIP	
PARENT/GUARDIAN: FIRST NAME	LAST NAME		ADDRESS (REQUIRED)		
MOBILE PHONE	HOME PHONE BUSINESS	USINESS PHONE HOW DO YOU PREFER TO BE CONTACTED:			
					MAIL
EMERGENCY CONTACT: FIRST NAME	LAST NAME	RELATION TO PLAYER	CONTACT NU	IMBER	
How did you hear about us? 🗆 Word of Mouth 🗋 Mail 🗋 Web 📄 Social Media 🔤 Ad 🔤 Referral, who can we thank?					

Program Costs Costs are for 17 and 34 weeks. Membership is required for all programs and does not end when programs end.

ITEM DESCRIPTION	DURATION	17 WEEKS	34 WEEKS	# SESSIONS	TOTAL
EXCEL Green	1.5 Hour	\$1,465.00	\$2,305.00		
EXCEL Yellow	1.5 Hour	\$1,550.00	\$2,495.00		
EXCEL Yellow	2 Hour	\$1,950.00	\$2,925.00		
EXCEL Yellow High Performance	2 Hour	N/A	\$3,150.00		
EXCEL JTT Green Team Practice *Includes Uniform	1.5 Hour	\$785.00	\$1,295.00		
Fitness	2 Hour	N/A	\$375.00		
ITEM DESCRIPTION	DURATION	PER I	DIEM	# SESSIONS	TOTAL
ITEM DESCRIPTION EXCEL Green JTT Team Matches	DURATION 2 Hours		DIEM 0.00	# SESSIONS	TOTAL
				# SESSIONS	TOTAL
EXCEL Green JTT Team Matches				# SESSIONS	TOTAL
EXCEL Green JTT Team Matches SUB-TOTAL				# SESSIONS	TOTAL
 EXCEL Green JTT Team Matches SUB-TOTAL DISCOUNT: Add a 2nd day and save 20% on that 2nd class. 				# SESSIONS	

Schedule Selection Please check boxes that apply. For a list of 'No Play' dates, please visit us online.

EXCEL GREEN - 1.5 HOUR	EXCEL GREEN JTT TEAM PRACTICE INVITATION ONLY	EXCEL YELLOW - 2 HOUR Tue: 6:00pm - 8:00pm	EXCEL YELLOW HIGH PERFORMANCE - 2 HR INVITATION ONLY Mon: 6:00pm - 8:00pm
□ Wed: 6:00pm - 7:30pm □ Thur: 4:30pm - 6:00pm (Invite Only)	EXCEL YELLOW - 1.5 HOUR	□ Sat: 12:00pm - 2:00pm □ Sun: 3:30pm - 5:30pm (Invite Only)	□ Thur: 6:00pm - 8:00pm
□ Fri: 6:00pm - 7:30pm	□ Fri: 6:00pm - 7:30pm		
□ Sat: 10:30am - 12:00pm	□ Sun: 2:00pm - 3:30pm		
□ Sun: 2:00pm - 3:30pm			



. . .

SPORTIME Lynbrook 175 Merrick Road, Lynbrook, NY 11563 TEL: (516) 887-1330 | FAX: (516) 593-7462 www.SportimeNY.com/Lynbrook

□ NEW MEMBER □ EXISTING MEMBER □ EXISTING MEMBER W/CHANGES

Payment Information Please select your payment method:					
CREDIT CARD					
□ I authorize SPORTIME to bill my credit card on file.		□ Please use this card: □	I MC □ VISA □ AMEX □	DISCOVER	
CARD NUMBER	EXPIRATION	□ Select to make this your guaranteed form of payment on file.			
CHECK OR CASH					
You must have a credit card on file if you are not paying the ful	l amount.	□ CHECK □ CASH	IF CHECK, NO.	AMOUNT	

Payment Plan Please choose one of the options below:

OPTION A: SPORTIME'S EASY PAYMENT PLAN The SPORTIME Easy Payment Plan (EPP) requires a 40% non-refundable deposit to reserve a space in any SPORTIME program, with the remaining balance charged to a member's valid credit card, for programs commencing in September or thereafter, as follows:

- For 8-13 week programs, remaining balance to be drafted on the first of the month following the month during which the program commences;
- For 15-18 week programs, remaining balance to be drafted in three (3) equal installments, on October 1, November 1 and December 1; or

• For 34 -36 programs, remaining balance to be drafted in six (6) equal installments on October 1, November 1, December 1, January 1, February 1 and March 1. For enrollment in any SPORTIME program after August 31st, the amount of any installment payment due, per the schedule above, will be due and payable in addition to the deposit. EPP participants MUST enroll in Full Auto Pay, thereby authorizing SPORTIME to draft all club charges due on a monthly basis, including membership dues, pro shop charges and per diem court time, from such credit card or bank account. If I did not choose Full Auto Pay as my payment profile on my SPORTIME Membership Agreement, by choosing the EPP, I am hereby authorizing SPORTIME to change such profile to Full Auto Pay, effective immediately. Once enrolled in Full Auto Pay, any additional programs or services that members choose to charge to their SPORTIME accounts will be billed and drafted using the EPP schedule..

OPTION B: PAYMENT IN FULL BY FIRST DAY OF PLAY I understand that if I do not choose the EPP described above, I must remit a 40% non-refundable deposit along with this application to confirm registration, and that the remaining balance must be paid in full by the first day of play.

Liability Waiver, Assumption of Risk and Release and Other Terms

By signing below 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 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 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 the named participant's participation in SPORTIME programs, services and activities. In the case of an 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. 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 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 also understand that membership is required for participation in certain SPORTIME programs. 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 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. If the named participant's email address is provided above, I authorize SPORTIME to contact the named participant at such address directly. SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED BY THE NAMED PARTICIPANT, and any make-up authorized must be completed by August 31st of the session year.

AUTHORIZED SIGNATURE:

DATE:

Membership is required for all programs and does not end when programs end.

Register Today!

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

SPORTIME Lynbrook Mail: 175 Merrick Road, Lynbrook, NY 11563 Fax: 516-593-7462 | Register Online: www.SportimeNY.com/Lynbrook Questions? Contact Jason Pasion: Phone: 516-887-1330 | Email: jpasion@sportimeny.com