

☐ **Fall 18-Week Session:** Mon, Sept 9, 2024 - Sun, Jan 26, 2025

## **EXCEL GREEN & YELLOW BALL TENNIS**

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

☐ **Full 36-Week Session**: Mon, Sept 9, 2024 - Sun, June 15, 2025

-	oring 18-Week Session: Mo /24-12/1/24, 12/23/24-1/1				i				
PLAYER INFORMATION Please complete all fields and PLAYER: FIRST NAME	print clearly. Players must	be active SPORTI	ME Members to p	articipate in SPORT	IME programs.	NED.			
PLATER. PIRST NAIVIE	LAST NAIVIE			DATE OF BIRTH	GENI	)EN			
PLAYER EMAIL ADDRESS (IF PLAYER IS OVER 13)	EMAIL ADDRESS (IF PLAYER IS OVER 13) PLAYER MOBILE NUMBER (IF OVE			/ER 13) SCHOOL & GRADE ENROLLED SEPT					
STREET ADDRESS	ADDRESS 2		CITY		STATE	ZIP			
PARENT/GUARDIAN: FIRST NAME	LAST NAME			EMAIL ADDRESS (REQUIRED)					
MOBILE PHONE HOME PHONE	RUSINE	SS PHONE		HOW DO YOU BRI	EFER TO BE CONTACT	ED.			
IIIIII IIIII	□ PHONE □ EMAIL □ TEXT □ MAIL								
EMERGENCY CONTACT: FIRST NAME	LAST NAME	RELATION TO PLAYER CONTACT NUMBER							
How did you hear about us? ☐ Word of Mouth ☐ Mail	□ Web □ Social Media			Referral, who can we thank?					
Program Costs									
ITEM DESCRIPTION		DURATION	18 WEEK COST	36 WEEK COST	# SESSIONS	TOTAL			
EXCEL GREEN ONE - AGES 12-17: TENNIS FOUNDATI	ON - IDEAL FOR FIRST TII	ME OR RECREAT	TIONAL PLAYERS						
UTR LEVEL FROM 1.00 TO 1.99  Training (T1) - 1 class/week		1 Hour	\$660.00	\$1,205.00					
				1					
☐ Training (T2) - 2 classes/week ☐ Training (T3) - 3 classes/week		1 Hour 1 Hour	\$1,080.00	\$2,050.00					
			\$1,350.00		(				
EXCEL GREEN TWO/YELLOW ONE - AGES 12-17: DR UTR LEVEL FROM 2.00 TO 3.99	ILLS & SKILLS - IDEAL FOF	RINTERMEDIAT	E PLAYERS AND I	EARLY COMPETITO	ORS (JV PLAYEI	RS)			
☐ Training (T1) - 1 class/week		1.5 Hour	\$950.00	\$1,780.00					
☐ Training (T2) - 2 classes/week		1.5 Hour	\$1,620.00	\$2,895.00					
☐ Training (T3) - 3 classes/week		1.5 Hour	\$2.025.00	\$3,595.00					
EXCEL YELLOW TWO - AGES 12-17: FOR ADVANCED UTR LEVEL FROM 4.00 AND ABOVE	PLAYERS ON A TOURNAM	IENT AND TEAN	И TRACK (VARSIT	Y PLAYER)					
☐ Training (T1) - 1 class/week		2 Hour	\$1,275.00	\$2,170.00					
☐ Training (T2) - 2 classes/week		2 Hour	\$2,160.00	\$3,600.00					
EXCEL CUSTOM PROGRAM: CHOOSE YOUR TENNIS	PROFESSIONAL, TIME A	ND DAY. GROUP	S MUST HAVE A	MINIMUM OF 4 P	LAYERS				
☐ Custom - Please indicate your preferences on the re	everse. Cost per player.	1 Hour	\$660.00	\$1,205.00					
☐ Custom - Please indicate your preferences on the reverse. Cost per player.		1.5 Hour	\$950.00	\$1,780.00					
□ Custom - Please indicate your preferences on the reverse. Cost per player.		2 Hour	\$1,275.00	\$2,170.00					
UTR MATCHPLAY (UNIVERSAL TENNIS RATING) FOR	PROGRAM PARTICPANTS	S ONLY. PAY AS	YOU GO - \$25/PL	AY					
TOTAL DUE									
<b>Schedule Selection</b> Please check boxes that apply.	Programs are off 11/28/24	-12/1/24, 12/23/	24-1/1/25, 2/17/2	5-2/23/25, 4/14/2	5-4/20/25, and	5/26/25			
EXCEL GREEN ONE - 1 HOUR	EXCEL GREEN TWO/YELLOW ONE - 1.5 HOUR			EXCEL YELLOW TWO - 2 HOUR					
☐ Mon: 5:00pm - 6:00pm	☐ Mon: 6:00pm - 7:30pm			☐ Tue: 4:00pm - 6:00pm					
□ Wed: 5:00pm - 6:00pm	☐ Tue: 6:00pm - 7:30pm			☐ Thur: 4:00pm - 6:00pm					
□ Sat: 11:00am - 12:00pm	□ Wed: 6:00pm - 7:30pm			☐ Sat: 12:00pm - 2:00pm					
	☐ Thur: 6:00pm - 7:3	0pm							



**AUTHORIZED SIGNATURE:** 

## **EXCEL GREEN & YELLOW BALL TENNIS** 2024-2025 Program Application

DATE:

	www.SportmeNY.com/Schenectady	□ NEW M	EMBER    EXISTING MEI	MBER   EXISTING MEMBER W/CHANGE			
CUSTOM PROGRAMS - PLEASE INDICATE YOUR PRE	FERENCES HERE						
Preferred Day/Time (1)	Preferred Coach						
Preferred Day/Time (2)	referred Day/Time (2)  Preferred Coach						
Preferred Day/Time (3)	Preferred Coach						
Payment Plan Please choose one of the op	tions below:						
OPTION A: SPORTIME'S EASY PAYMENT program, with the remaining balance cha For 8-13 week programs, remaining For 15-18 week programs, remaining For 34 -36 programs, remaining bala For enrollment in any SPORTIME program to the deposit. EPP participants MUST endues, pro shop charges and per diem coul Membership Agreement, by choosing the Full Auto Pay, any additional programs or  OPTION B: PAYMENT IN FULL BY FIRST E with this application to confirm registration.	arged to a member's valid credit car balance to be drafted on the first of g balance to be drafted in three (3) ance to be drafted in six (6) equal in after August 31st, the amount of a roll in Full Auto Pay, thereby author at time, from such credit card or bale EPP, I am hereby authorizing SPO services that members choose to clearly of PLAY I understand that if I could be a service that if I could be a service that members and that if I could be a service that members and that if I could be a service that members and that if I could be a service that members and that if I could be a service that members and that if I could be a service that members and that if I could be a service that members and that if I could be a service to the service that members and that if I could be a service to the service that members are the service that the servi	rd, for programs commencing in the month following the mone equal installments, on October stallments on October 1, Nove my installment payment due, prizing SPORTIME to draft all clut nk account. If I did not choose DRTIME to change such profile harge to their SPORTIME accound on the choose the the specific account of the choose the the specific account of t	September or thereafi th during which the pro 1, November 1 and De mber 1, December 1, Ja er the schedule above, charges due on a mon Full Auto Pay as my pa to Full Auto Pay, effecti nts will be billed and do d above, I must remit a	ter, as follows: ogram commences; ecember 1; or anuary 1, February 1 and March 1. will be due and payable in addition onthly basis, including membership oyment profile on my SPORTIME ive immediately. Once enrolled in rafted using the EPP schedule			
		· · · · · · · · · · · · · · · · · · ·	· · ·				
☐ CREDIT CARD							
- CREDIT CARD							
☐ I authorize SPORTIME to bill my credit card	☐ Please use this card: ☐ MC ☐ VISA ☐ AMEX ☐ DISCOVER						
CARD NUMBER EXPIRAT							
		☐ 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 r	not paying the full amount	☐ CHECK ☐ CASH	IF CHECK, NO.	AMOUNT			
Tou must have a credit card on the if you are i	or paying the run amount.	LI CILER LI CASII					
LIABILITY WAIVER, ASSUMPTION OF RISK	AND RELEASE AND OTHER TERM	15					
By signing below I agree that I am the parent of the hereafter adopted or amended by SPORTIM required SPORTIME may charge my bank accordangers in playing tennis and in participating id damage, or other loss sustained by the named or other property of SPORTIME. I hereby furth other illness that would prevent the named participant, and if an emergency contact perse responsible. I accept that enrollment in SPOR begins. I also understand that membership is at its sole discretion, and SPORTIME's sole liat for participation in certain SPORTIME program rights to any photographs or video taken of the marketing, social media and advertising. SPORTIME program responsible.	ME. I further agree to adhere to the funt/credit card on file for the full a in other SPORTIME programs, serving participant in, on or about the present declare the named participant to carticipant's participation in SPORTIME on cannot be reached, I grant SPORTIME programs is for the full session required for participation in certability shall be to refund any amount as SPORTIME reserves the right to the named participant at SPORTIME for the sporting participant	e terms of the payment plan I hamount past due plus a late feedees and activities, and that SPO emises of SPORTIME, or arising to be physically sound and suffe ME programs, services and activitime permission to obtain meton and that no refunds will be hin SPORTIME programs. SPORTIME previously paid on a pro-rata close courts for repair or alterafacilities or at off-site SPORTIME	ave chosen above, and I acknowledge and agr RTIME shall not be liab out of the use or intendring from no conditions vities. In the case of an dical attention, if necessigiven for withdrawals TIME reserves the right basis. I also understand and a E programs or events, t	that if my account is not paid as ree that there are certain inherent alle for any personal injuries, property ded use of any facilities, equipment as, impairment, disease, infirmity or accident or injury to the named sary, for which I will be financially or absences after the session to cancel this contract at any time, at that membership is required agree that SPORTIME retains the to be used for SPORTIME publicity,			

## **Register Today!**

Complete both sides of this application and return with payment in full by mail, fax or email, or register conveniently online:

MISSED BY THE NAMED PARTICIPANT, and any make-up authorized must be completed by January 26, 2025 (Fall Session) and June 15, 2025 (Spring Session).