



SPORTIME

2024 JMTA AMAGANSETT FALL PROGRAMS

MAC RED - AGES 3-6 • MAC ORANGE - AGES 6-9 • JMTA GREEN - AGES 7-11 • JMTA YELLOW - AGES 9-18

SEPTEMBER 2ND - NOVEMBER 10TH

John McEnroe Tennis Academy (JMTA)

- JMTA Yellow Ball (Ages 9-18): Sat, 4pm-5:30pm
- JMTA Green Ball (Ages 7-11): Sat, 4pm-5:30pm
- JMTA MAC Orange (Ages 6-9): Thur, 4:30pm-6pm, and Sat, 4pm-5:30pm

Designed for committed young players who are training with low-compression orange, low-compression green or standard yellow balls. Our 90 minute curriculum features a combination of drills, live-ball games, point play and more.

JMTA MAC Red

MAC Red (Ages 3-6): Thur, 5pm-6pm, and Sat, 3pm-4pm

MAC Red introduces tennis to our youngest players using larger, low-compression red balls and kid-sized courts, nets and equipment. MAC Red ball students learn technical and tactical basics, and begin to play the game from their first days on the court.



Register Today!

To register, complete the application on the back. Or contact us by calling or texting (631) 267-1038 or emailing amagansett@sportimeny.com.



(631) 267-1038

SPORTIME Amagansett/JMTA Hamptons
320 Abrahams Path
Amagansett, NY 11930
www.SportimeNY.com/Amagansett





SPORTIME Amagansett / JMTA Hamptons
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SPORTIME AMAGANSETT

JMTA Training Sessions Fall Application 2024

EXISTING PLAYER NEW PLAYER

JMTA TRAINING SESSIONS FALL SEASON: September 2, 2024 - November 10, 2024

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	
PLAYER EMAIL ADDRESS (IF 13 AND OVER)				PLAYER MOBILE NUMBER (IF 13 AND OVER)			
STREET ADDRESS		APT #	CITY		STATE	ZIP	HOME PHONE
PARENT/GUARDIAN 1: FIRST NAME		LAST NAME		CELL PHONE		EMAIL ADDRESS (REQUIRED)	
PARENT/GUARDIAN 2: FIRST NAME		LAST NAME		CELL PHONE		EMAIL ADDRESS (REQUIRED)	
EMERGENCY CONTACT: FIRST NAME		LAST NAME		RELATION TO PLAYER		CONTACT NUMBER	
ALLERGIES / HEALTH RESTRICTIONS				HOW DID YOU HEAR ABOUT US?			
				<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 select the program you are registering for and select program dates. PLEASE NOTE, ANY CANCELLATIONS MADE LESS THAN 24 HOURS IN ADVANCE, OR NO SHOWS WILL RESULT IN A FULL CHARGE. ANY UNUSED FALL CLASSES CAN BE USED IN 2025. Make-up classes are available for classes cancelled due to inclement weather.

ITEM DESCRIPTION	DURATION	DAILY	5+ CLASSES	10 + CLASSES	#PACKAGE/DAYS	TOTAL
<input type="checkbox"/> MAC Red Ball (ages 3-6) - Thur 5pm-6pm, Sat 3pm-4pm	1 Hour	\$55.00/class	\$260.00	\$495.00		
<input type="checkbox"/> MAC Orange Ball (ages 6-9) - Thur 4:30pm-6pm, Sat 4pm-5:30pm	1.5 Hours	\$85.00/class	\$385.00	\$725.00		
<input type="checkbox"/> JMTA Green Ball (ages 7-11) - Sat 4pm-5:30pm	1.5 Hours	\$85.00/class	\$385.00	\$725.00		
<input type="checkbox"/> JMTA Yellow Ball (ages 9-18) - Sat 4pm-5:30pm	1.5 Hours	\$85.00/class	\$385.00	\$725.00		
PAYMENT IN FULL IS DUE UPON REGISTRATION. No refunds for any unused classes.						

Schedule Please check all days that apply. Drop-ins welcome, call or text (631) 267-1038 to check availability and to reserve your child's spot.

SELECT DAYS				
<input type="checkbox"/> WEEK 1: Sept 2 - Sept 8	<input type="checkbox"/> WEEK 3: Sept 16 - Sept 22	<input type="checkbox"/> WEEK 5: Sept 30 - Oct 6	<input type="checkbox"/> WEEK 7: Oct 14 - Oct 20	<input type="checkbox"/> WEEK 9: Oct 28 - Nov 3
<input type="checkbox"/> WEEK 2: Sept 9 - Sept 15	<input type="checkbox"/> WEEK 4: Sept 23 - Sept 29	<input type="checkbox"/> WEEK 6: Oct 7 - Oct 13	<input type="checkbox"/> WEEK 8: Oct 21 - Oct 27	<input type="checkbox"/> WEEK 10: Nov 4 - Nov 10

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

<h4>CREDIT CARD</h4> <p><input type="checkbox"/> I authorize SPORTIME to charge my credit card on file.</p> <p><input type="checkbox"/> Please use this card: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER</p> <p>CARD NUMBER _____ EXPIRATION _____ CVV _____ ZIP _____</p> <p><input type="checkbox"/> Check here to make this your guaranteed form of payment on file.</p> <h4>CHARGE TO ACCOUNT</h4> <p><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.</p> <h4>CHECK OR CASH</h4> <p><input type="checkbox"/> CHECK # _____ <input type="checkbox"/> CASH</p> <p>AMOUNT _____</p> <p>Payment in full is required.</p>	<h4>PAYMENT, LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE AND OTHER TERMS</h4> <p>I understand that payment in full is required to enroll in SPORTIME Clubs, LLC ("SPORTIME") Junior Tennis Programs in Amagansett, and consent that SPORTIME may charge the credit card I have provided for the full amount due. 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 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 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. I accept that no refunds will be given for withdrawals or for unused program sessions and that all sessions must be used before November 10, 2024. 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 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.sportimemy.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.</p> <p>PARENT/GUARDIAN SIGNATURE _____ DATE _____</p>
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REGISTER TODAY! Complete this application and return with the required deposit or program amount by mail, fax or email:

Mail: SPORTIME Amagansett, P.O. BOX 778, Amagansett, NY 11930 **Fax:** (631) 267-1082
Please call or text (631) 267-1038 or email amagansett@sportimemy.com, with questions.