

SPORTIME Harbor Island PO Box 783, In Harbor Island Park, Mamaroneck, NY 10543 TEL: 914-777-5050 | TEXT: (914) 468-4470 www.SportimeNY.com/HarborIsland | EMAIL: khayot@sportimeny.com

SPORTIME EXCEL Green & Yellow Ball Spring 2025 Program Application

 \Box New Member $\;\Box$ existing member $\;\Box$ existing member w/changes

☐ Spring 17-Week Session: Mon, Feb 3, 2025 - Sun, Jun 22, 2025

Programs are off: 2/15/25-2/21/25, 4/14/25-4/20/25, 5/12/25-5/18/25									
PLAYER INFORMATION Please complete all f	ayers must be activ	ve SPORTIME Members to participate in SPORTIME programs. DATE OF BIRTH GENDER FEMALE MALE							
PLAYER EMAIL ADDRESS (IF PLAYER IS OVER 13)	PLAYER MOE	BILE NUMBER (IF OVER 13	3)	SCHOOL & GRADE ENROLLED SEPT					
PLAYER USTA NUMBER	PLAYER UNIVERSA	L TENNIS RATING		COLLEGE INTEREST					
STREET ADDRESS	ADDRESS 2		CITY		STATE	ZIP			
PARENT/GUARDIAN: FIRST NAME	LAST NAME		EMAIL ADDRESS (REQUIRED)						
MOBILE PHONE HOME PH	HOME PHONE BUSINES			O YOU PREFER TO BE CONTACTED: ONE □ EMAIL □ TEXT □ MAIL					
EMERGENCY CONTACT: FIRST NAME	CONTACT: FIRST NAME RELATION TO PLAYER				CONTACT N		MAIL		
EMERGENCI CONTACT. THIST NAME	EAST WAIVE		RELATION	TOPEATER	CONTACTIV	DIVIDEN			
How did you hear about us? ☐ Word of Mouth ☐ Mail ☐ Web ☐ Social Media		Media	☐ Ad ☐ Referral, who can we thank?						
Program Costs									
ITEM DESCRIPTION		WEEKS	DURATION	COST	# SESSIONS	тот	AL		
☐ EXCEL Green/Yellow		17 Weeks	1.5 Hour	\$1,640.00					
□ EXCEL Yellow		17 Weeks	2 Hour	\$2,095.00					
☐ EXCEL Green/Yellow Matchplay		17 Weeks	1.5 Hour	\$1,560.00					
SUB-TOTAL									
DISCOUNT: Add a 2nd day and save 10% on th									
TOTAL									
DEPOSIT: Required 40% deposit.									
BALANCE DUE									
Schedule Selection Please check boxes to	hat apply. For a list of 'No	Play' dates, please	e visit us online.						
EXCEL GREEN - 1.5 HOUR		EXCEL YELLOW - 1.5 HOUR							
☐ Mon: 4:30pm - 6:00pm INVITATION ONLY			☐ Tue: 4:30pm - 6:00pm INVITATION ONLY						
☐ Mon: 6:00pm - 7:30pm			☐ Thur: 4:30pm - 6:00pm INVITATION ONLY						
☐ Tue: 6:00pm - 7:30pm			EXCEL YELLOW - 2 HOUR						
☐ Wed: 4:30pm - 6:00pm INVITATION ONLY			☐ Mon: 6:00pm - 8:00pm INVITATION ONLY						
☐ Wed: 6:00pm - 7:30pm			☐ Tue: 6:00pm - 8:00pm						
☐ Thur: 6:00pm - 7:30pm			☐ Wed: 6:00pm - 8:00pm INVITATION ONLY						
☐ Fri: 6:00pm - 7:30pm ☐ Sat: 3:00pm - 4:30pm			☐ Thur: 6:00pm - 8:00pm						
Sat: 3:00pm - 4:30pm		☐ Fri: 6:00pm - 8:00pm ☐ Sat: 3:00pm - 5:00pm							
GREEN MATCHPLAY - 1.5 HOUR									
☐ Sun: 3:00pm - 4:30pm			YELLOW MATCHPLAY -	1.5 HOUR					

Sign up for a 2nd class and get 10% off that class!

☐ Sun: 4:30pm - 6:00pm

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SPORTIME EXCEL Green & Yellow Ball 2024-2025 Program Application

 \square NEW MEMBER \square EXISTING MEMBER \square 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: ☐ 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 full 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 8-12 week programs, remaining balance to be drafted on the first of the month following the month during which the program commences;
 - For 13-18 week programs, remaining balance to be drafted in three (3) equal installments, on February 1, March 1 and April 1; or
 - For 26 -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 | understand that if | do not choose the EPP described above, | 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 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. I hereby authorize SPORTIME to contact me by phone, email and/or text message, and 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:

Scan Below for Program Off Dates



Register Today!

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