



ASSOCIATE/NON-MEMBER ENROLLMENT FORM

- AMAGANSETT AMAGANSETT ARENA BETHPAGE TENNIS
- BETHPAGE MULTI-SPORT EHSC@SPORTIME HARBOR ISLAND
- HEMPSTEAD LAKE KINGS PARK LAKE ISLE LYNBROOK
- PORT WASHINGTON QUOGUE RANDALL'S ISLAND ROSLYN
- SCHENECTADY SYOSSET

Welcome to SPORTIME!

If you are not a member of SPORTIME, you must register as an Associate to access and to use SPORTIME Clubs. As a SPORTIME Associate, you will have a SPORTIME account that will allow you to sign up for programs and services that do not require membership, including tennis court-time reservations up to 48 hours in advance, seasonal court-time reservations, and certain per diem classes at non-member rates. Associates may add other individuals residing in their households to their accounts.

Guests of SPORTIME Members at outdoor sites (subject to limitations) where such guests are welcomed for a daily fee, in lieu of court fees, must also register as Associates. To register, please provide the information requested below and sign.

ASSOCIATE INFORMATION *required information				
FIRST NAME*	LAST NAME*	DOB*	GENDER	
EMAIL (IF 13 AND OVER)				
IF ASSOCIATE IS A MINOR, UNDER THE AGE OF 18, PARENT/GUARDIAN INFO REQUIRED:				
PARENT/GUARDIAN FIRST NAME	PARENT/GUARDIAN LAST NAME	DOB	GENDER	
PARENT/GUARDIAN EMAIL ADDRESS*				
MOBILE PHONE*	HOME PHONE	BUSINESS PHONE		
ADDRESS 1*	ADDRESS 2 (SUITE/FLOOR/APT)	CITY*	STATE*	ZIP*
DID SOMEONE REFER YOU TO US? IF YES, WHO? _____				
HOW DID YOU HEAR ABOUT US? (WEB, SOCIAL MEDIA, PRINT, WORD OF MOUTH, ETC. _____)				

PAYMENT TERMS AND GUARANTEE Please initial here _____
<p>I understand that as a SPORTIME Associate I/other members of my household/my child(ren) may not charge to my account, and that full payment is due prior to participation in any SPORTIME program or service, and at the point-of-sale for any product available for purchase at SPORTIME. The foregoing notwithstanding, I am providing credit card or bank account information below as a form of guaranteed payment, and in the event that payment is not made as set forth in this paragraph, I authorize SPORTIME to charge my credit card or bank account for the total outstanding balance. I understand that it is my responsibility to ensure that SPORTIME has valid credit card/bank account information on file, at all times. If this information changes, I agree to furnish updated credit card/bank account information to SPORTIME immediately.</p>

<input type="checkbox"/> CREDIT CARD/DEBIT CARD	BANK ACCOUNT
<input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER	BANK NAME
CARD NUMBER	ACCOUNT NUMBER
CARD EXPIRATION	ROUTING NUMBER



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ADDITIONAL HOUSEHOLD RESIDENTS			
FIRST NAME	LAST NAME	DOB	GENDER
EMAIL	EMAIL ADDRESS (IF 13 & OVER)		RELATION TO MAIN ASSOCIATE
FIRST NAME	LAST NAME	DOB	GENDER
EMAIL	EMAIL ADDRESS (IF 13 & OVER)		RELATION TO MAIN ASSOCIATE
FIRST NAME	LAST NAME	DOB	GENDER
EMAIL	EMAIL ADDRESS (IF 13 & OVER)		RELATION TO MAIN ASSOCIATE
FIRST NAME	LAST NAME	DOB	GENDER
EMAIL	EMAIL ADDRESS (IF 13 & OVER)		RELATION TO MAIN ASSOCIATE

For additional family members, please attach another form. By providing an email address(es) for my/our minor child(ren), I authorize SPORTIME to contact such minor child(ren) directly at such address(es).

LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE

- 1) I/We agree that there are certain inherent dangers in playing tennis, in participating in fitness, sports and related activities, in using related equipment and machinery, and being in and around SPORTIME facilities. In consideration of being allowed to participate in the activities, programs and services of SPORTIME and to use its facilities, equipment and machinery, in addition to the payment of any fee or charge, to the fullest extent permitted by law, I/we do hereby waive, release and forever discharge SPORTIME and its partners, members, officers, agents, employees, representatives, executors and any others acting on their behalves, from any and all responsibility or liability arising from injuries or damage resulting from, or in any way arising out of or connected with my/our and/or my/our child/ren's participation in any activities, programs and services of SPORTIME or from my/our and/or my/our child/ren's use of its facilities, equipment and machinery.
- 2) I/We understand and agree that tennis, sports and fitness activities, including the use of related equipment and machinery, and the use of SPORTIME facilities are potentially hazardous activities, which can potentially result in serious injury and even death. I/We and/or my/our child/ren am/are voluntarily participating in these activities, are using SPORTIME's equipment and machinery, and are in or around SPORTIME facilities with knowledge of the dangers involved. I/We hereby agree to expressly assume and accept any and all risks of injury or death to me/us and/or my/our child/ren. In the case of accident or injury to me/us and/or my/our child/ren, and if an emergency contact person cannot be reached, I/we grant SPORTIME permission to obtain medical attention, if necessary, for which I/we will be financially responsible.
- 3) I/We do hereby further declare myself/ourselves/ and/or my/our child/ren to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent my/our and/or my/our child/ren's participation in tennis, fitness and sports activities and/or my/our and/or my/our child/ren's use of related equipment and machinery, and of SPORTIME facilities. I/We hereby acknowledge that I/we have been informed of the need for a physician to approve my/our and/or my/our child/ren's participation in such activities, and my/our and/or my/our child/ren's use of related equipment and machinery. I/We also acknowledge that SPORTIME has recommended that I/We and/or my/our child/ren have an annual or more frequent physical examination and consultation with a physician so that I/we might have his/her recommendations concerning my/our and/or my/our child/ren's participation in such activities and use of such machinery and equipment. I/We acknowledge that I/we and/or my/our child/ren have either had a physical examination and been given my/our physician's permission to participate in tennis, sports and fitness activities and to use related equipment and machinery, or that I/we have decided to participate in such activities and to use such equipment and machinery, and/or to allow my/our child/ren to do so, without the approval of a physician, and do hereby assume all responsibility for my/our and/or my/our child/ren's participation in such activities and use of such equipment and machinery.
- 4) I/We understand and agree that SPORTIME retains the rights to any photographs or video taken of me/us and or my/our child/ren 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: www.sportime.com/privacy_policy.php.

AUTHORIZED SIGNATURE(S) *By signing below, I/we are acknowledging that I/we have read this entire Agreement, including, but not limited to the Payment Terms and Guarantee and the Liability Waiver, Assumption of Risk and Release on the reverse and that I/we and or my/our minor child(ren) agree to be bound by its terms and conditions.

PRINT RESPONSIBLE PARTY/MAIN ASSOCIATE NAME*	SIGNATURE*	DATE*
PRINT ADDITIONAL ADULT HOUSEHOLD RESIDENT NAME*	SIGNATURE*	DATE*
PRINT ADDITIONAL ADULT HOUSEHOLD RESIDENT NAME*	SIGNATURE*	DATE*
SPORTIME REPRESENTATIVE NAME	SIGNATURE	DATE