



SPORTIME Quogue
2571 Quogue-Riverhead Road, East Quogue, NY 11942
TEL: 631-653-6767 | FAX: 631-653-8315
www.SportimeNY.com/Quogue

SPORTIME QUOGUE FITNESS PROGRAMS

Personal Training Application 2025

☐ EXISTING MEMBER ☐ NEW MEMBER

PERSONAL TRAINING PACKAGES EXPIRE ONE YEAR FROM PURCHASE DATE

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"/> OTHER	
PLAYER EMAIL ADDRESS (IF 13 AND OVER)		PLAYER MOBILE NUMBER (IF 13 AND OVER)		SCHOOL & GRADE ENROLLED SEPT			
STREET ADDRESS		ADDRESS 2		CITY	STATE	ZIP	HOME PHONE
PARENT/GUARDIAN 1: FIRST NAME		LAST NAME		MOBILE PHONE		EMAIL ADDRESS (REQUIRED)	
PARENT/GUARDIAN 2: FIRST NAME		LAST NAME		MOBILE 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 - One hour sessions may not be divided into two half hour sessions. Packages are non-refundable and must be paid in full before the first session. Packages expire one year from purchase date. **All Non-Member packages will be subject to a \$10 surcharge per session.**

ITEM DESCRIPTION	STAFF TRAINIER	SENIOR TRAINER	MASTER TRAINER	# SESSIONS	TOTAL
<input type="checkbox"/> Private Sessions - 1/2 hr x 1	\$50.00	\$55.00	\$60.00		
<input type="checkbox"/> Private Sessions - 1/2 hr x 5	\$235.00	\$260.00	\$285.00		
<input type="checkbox"/> Private Sessions - 1/2 hr x 10	\$450.00	\$500.00	\$550.00		
<input type="checkbox"/> Private Sessions - 1/2 hr x 20	\$860.00	\$960.00	\$1,060.00		
ITEM DESCRIPTION	STAFF TRAINIER	SENIOR TRAINER	MASTER TRAINER	# SESSIONS	TOTAL
<input type="checkbox"/> Private Sessions - 1 hr x 1	\$85.00	\$95.00	\$110.00		
<input type="checkbox"/> Private Sessions - 1 hr x 5	\$400.00	\$450.00	\$525.00		
<input type="checkbox"/> Private Sessions - 1 hr x 10	\$750.00	\$850.00	\$1,000.00		
<input type="checkbox"/> Private Sessions - 1 hr x 20	\$1,400.00	\$1,600.00	\$1,900.00		
ITEM DESCRIPTION - GROUP TRAINING	2/ PER PERSON	3/PER PERSON	4/PER PERSON	# SESSIONS	TOTAL
<input type="checkbox"/> Private Group Sessions - 10 Sessions	\$600.00	\$500.00	\$450.00		
TOTAL AMOUNT DUE UPON REGISTRATION					

Schedule Selection

PRIVATE LESSON SCHEDULE - PLEASE WRITE PREFERENCE BELOW	PLEASE WRITE SPECIFIC DATES BELOW
Preferred Day/Time/Pro (1)	
Preferred Day/Time/Pro (2)	
Preferred Day/Time/Pro (3)	

Register Today! Complete both sides of this application and return with the full payment by mail, fax or email, or register conveniently online.
See more information on the reverse.



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Payment Information Please select your payment method:

<input type="checkbox"/> CREDIT CARD			
<input type="checkbox"/> I authorize SPORTIME to bill my credit card on file.		<input type="checkbox"/> Please use this card: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER	
CARD NUMBER	EXPIRATION	CVV	ZIP
<input type="checkbox"/> Select to make this your guaranteed form of payment on file.			
<input type="checkbox"/> CHECK OR CASH			
You must have a credit card on file if you are not paying the full amount.		<input type="checkbox"/> CHECK <input type="checkbox"/> CASH	IF CHECK, NO. AMOUNT

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 hereby authorize SPORTIME to contact me by phone, email and/or text message. I understand and agree that SPORTIME retains the rights to any photographs or video taken of me 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>. SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED, and any make-up authorized must be completed by August 31st of the session year.

AUTHORIZED SIGNATURE:

DATE:

Register Today!

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

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Questions? Contact Quogue James Christy: Phone: 631-653-6767 | Email: jchristy@sportimeny.com