



SPORTIME Amagansett Multi-Sport Arena  
385 Abrahams Path, Amagansett, NY 11930  
CALL (631) 267-3460 TEXT (631) 759-5275  
www.SportimeNY.com/AM, apolychroniadis@sportimeny.com

## SPORTIME YOUTH SPORTS PROGRAMS

### Soccer Program Application Summer 2025

☐ EXISTING PLAYER ☐ NEW PLAYER

July 7, 2025 - September 7, 2025

#### 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)		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

Per Diem Drop-Ins welcome, space is limited please register in advance.

ITEM DESCRIPTION	DAY AND TIME	5-PACK	10-PACK	PER DIEM COST	TOTAL
<input type="checkbox"/> Soccer Clinic (Ages 6-8)	Wed: 3:30pm-4:30pm & Sat: 9:00am-10:00am	\$260.00	\$485	\$55.00	
<input type="checkbox"/> Soccer Clinic (Ages 9-11)	Wed: 4:30pm-5:30pm & Sat: 10:00am-11:00am	\$260.00	\$485	\$55.00	
<input type="checkbox"/> Soccer Clinic (Ages 12 or above)	Wed: 5:30pm-6:30pm & Sat: 11:00am-12:00pm	\$260.00	\$485	\$55.00	
<input type="checkbox"/> Private Soccer Lessons	N/A	N/A	N/A	\$185.00	
PAYMENT IN FULL IS DUE UPON REGISTRATION. No refunds for any unused classes.					



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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	CVV	ZIP	EXPIRATION
<input type="checkbox"/> Select to make this your guaranteed form of payment on file.			
CHARGE TO ACCOUNT			
<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.			
<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:

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. 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 offer 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.sportimeny.com/privacy>. I hereby authorize SPORTIME to contact me by phone, email and/or text message, and if the named participant's email address is provided, I authorize SPORTIME to contact the named participant at such address directly.

AUTHORIZED SIGNATURE:

DATE:

### Register Today!

Complete both sides of this application and return with payment in full by mail, fax, or email.

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Mail: 385 Abrahams Path, Amagansett, NY 11930

Fax: (631) 267-1082 | Register Online: [www.SportimeNY.com/AM](http://www.SportimeNY.com/AM)

Questions? Contact Andrew Polychroniadis: Phone: (631) 267-3460 | Text: (631) 759-5275 | Email: [apolychroniadis@sportimeny.com](mailto:apolychroniadis@sportimeny.com)