



SPORTIME Kings Park
275 Old Indian Head Road, Kings Park, NY 11754
TEL: 631-269-6300
www.SportimeNY.com/KingsPark

SPORTIME Pickleball
2025-2026 Program Application

☐ NEW MEMBER ☐ EXISTING MEMBER ☐ EXISTING MEMBER W/CHANGES

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	
EMAIL ADDRESS (REQUIRED)						
STREET ADDRESS		ADDRESS 2		CITY	STATE	ZIP
MOBILE PHONE	HOME PHONE	BUSINESS PHONE		HOW DO YOU PREFER TO BE CONTACTED:		
				<input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> TEXT <input type="checkbox"/> MAIL		
EMERGENCY CONTACT: FIRST NAME		LAST NAME		RELATION TO PLAYER		CONTACT NUMBER

Program Costs

ITEM DESCRIPTION	WEEKS	DURATION	MEMBER	NON-MEMBER	# SESSIONS	TOTAL
<input type="checkbox"/> Pickleball Adult Beginner Clinic	4 Weeks	1 Hour	\$140.00	\$165.00		
<input type="checkbox"/> Pickleball Adult Advanced Beginner Clinic	8 Weeks	1.5 Hour	\$350.00	\$395.00		
<input type="checkbox"/> Pickleball Junior Clinic	17 Weeks	1 Hour	\$715.00	N/A		
<input type="checkbox"/> Pickleball Junior Clinic	34 Weeks	1 Hour	\$1,145.00	N/A		
TOTAL						
DEPOSIT: Required 40% deposit.						
BALANCE DUE						

Schedule Selection

DAY:	TIME:	START DATE:

Pickleball Junior Clinic - 1 Hour

☐ Fri: 4:30pm - 5:30pm

☐ Fri: 5:30pm - 6:30pm

Register Today! Complete both sides of this application and return with the required deposit by mail, 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

Payment Plan Please choose one of the options below:

<input type="checkbox"/> 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: <ul style="list-style-type: none">For 8-13 week programs, remaining balance to be drafted on the first of the month following the month during which the program commences;For 15-18 week programs, remaining balance to be drafted in three (3) equal installments, on October 1, November 1 and December 1; orFor 34 -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..
<input type="checkbox"/> OPTION B: PAYMENT IN FULL BY FIRST DAY OF PLAY I understand that if I do not choose the EPP described above, I 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:

<p>By signing below I agree that I am the named participant and that I 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 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 pickleball 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 me 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 myself to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent my participation in SPORTIME programs, services and activities. In the case of an accident or injury to me, 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 close courts for repair or alterations. 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_policy.. SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED, and any make-up authorized must be completed by August 31st of the session year.</p>	
AUTHORIZED SIGNATURE:	DATE:

Register Today!

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

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Mail: 275 Old Indian Head Road, Kings Park, NY 11754
Fax: 631-544-9355 | **Register Online:** www.SportimeNY.com/KingsPark.
Phone: 631-269-6300 | **Email:** Pickleball Director, Michelle Stoerback, mstoerback@sportimeny.com