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: mdalpont@sportimeny.com

SPORTIME TENNIS PROGAMS

2025 Private/Semi-Private Application

☐ EXISTING MEMBER ☐ NEW MEMBER

SUMMER TENNIS PROGRAM SEASON: JUNE 23, 2025 - AUGUST 31, 2025

PLAYER: FIRST NAME		LAST NAME				DATE OF	BIRTH	GENDER	l	
SLAVED FAMALI ADDRESS (F. 42 AND OVER)			ADED /IE 42 **			COLOGE & CS	DE ENDO:	FEMALE	☐ MALE	
PLAYER EMAIL ADDRESS (IF 13 AND OVER)		PLAYER MOBILE NUN	IBEK (IF 13 AI	IF 13 AND OVER) SCHOOL & GRADE ENROLLED SEPT						
STREET ADDRESS	T ADDRESS 2			CITY		ZIP		HOME PHONE		
PARENT/GUARDIAN 1: FIRST NAME LAST NAME				MOBILE PHONE EMAIL ADDRESS (RE		ADDRESS (REQUI	RED)			
PARENT/GUARDIAN 2: FIRST NAME	LAST NAM	E		MOBILE PHONE EMAIL A		. ADDRESS (REQUI	RED)			
EMERGENCY CONTACT: FIRST NAME	LAST NAMI	E		RELATION TO PLAYER		CONTACT NUMBER				
ALLERGIES / HEALTH RESTRICTIONS			DID YOU HEAI ord of Mout		Web □ Instagram	☐ Facebook	☐ Twitt	er	□ Referral	
Program Costs - For Information Rega	arding Semi-Priv	ate Lessons, Plea	se Contact					" 050010110		
ITEM DESCRIPTION				WEEKS	.5 HOUR COST	1HR CC		# SESSIONS	TOTAL	
Private Lessons - Director Plus				10 Weeks	\$1,050.00	\$1,750				
Private Lessons - Director				10 Weeks	\$990.00	\$1,650.00				
☐ Private Lessons - Master				10 Weeks	\$930.00	\$1,550.00				
☐ Private Lessons - Senior				10 Weeks	\$900.00	\$1,500.00				
☐ Private Lessons - Staff				10 Weeks	\$845.00	\$1,450	.00			
PROGRAM TOTAL										
Schedule Selection 10-Week Session PRIVATE LESSON PREFERENCES Preferred Day/Time (1)				Preferred Coach						
Preferred Day/Time (2)				Preferred Coach						
Preferred Day/Time (3)				Preferred Coach						
Payment Information Please select	your Payment N	Method and Agre	e to Paym	ent Terms.						
CREDIT CARD				PAYMENT, LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE AND OTHER TERMS						
☐ I authorize SPORTIME to charge my credit card on file.			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 plar I have chosen above, and that if my account is not paid as required SPORTIME may charge my credit card on file for the fu 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 me in, on or about the premises of SPORTIME, or arising out of the							
☐ Please use this card: ☐ MC ☐ VISA ☐ AMEX ☐ DISCOVER										
CARD NUMBER EX	(PIRATION	CVV ZIP	use or physic	intended use of any fa ally sound and suffering	acilities, equipment or o ng from no conditions, in	ther property of Sinpairment, disease	PORTIME. I e, infirmity	hereby further decl or other illness that	are myself to be would prevent my	
☐ Check here to make this your guarant	eed form of pay	ment on file.	contac be fina	ct person cannot be re ancially responsible. I a	rograms, services and ac ached, I grant SPORTIME accept that enrollment in	permission to ob SPORTIME progr	tain medica ams is for t	al attention, if neces he full session and t	sary, for which I will hat no refunds will	
CHARGE TO ACCOUNT			in cert	ain SPORTIME program	sences after the session to ms. SPORTIME reserves to teach at any time, at its col	he right to close c	ourts for re	pair or alterations.	SPORTIME reserves	
☐ I understand that I need a guaranteed form of payment on file, a authorize SPORTIME to use it for payment(s) due.			amour messa facilitie	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.php. SPORTIME						
CHECK OR CASH			DOES		KE-UPS FOR CLASSES MIS					
□ CHECK # □ C	CASH	AMOUNT	PAREN	NT/GUARDIAN SIGNA	TURE			DATE		
Payment in full is required										