



SPORTIME Quogue
 2571 Quogue-Riverhead Road, East Quogue, NY 11942
 TEL: 631-653-6767 | TEXT: 631-861-3110
 www.SportimeNY.com/Quogue

SWIM PRIVATE LESSONS
Summer 2025 Program Application

NEW MEMBER EXISTING MEMBER EXISTING MEMBER W/CHANGES

Pool Open Memorial Day, May 26, 2025 (12:00pm-5:00pm) - Labor Day, September 1st (12:00pm-5:00pm)
May 31, 2025 - June 22, 2025: Saturday & Sunday 10:30am - 5:00pm
June 23, 2025 - August 31, 2025: Monday-Friday: 3:30pm-6:00pm, Saturday & Sunday: 10:30am-5:00pm

PLAYER INFORMATION				
PLAYER: FIRST NAME	LAST NAME	DATE OF BIRTH	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
PLAYER EMAIL ADDRESS (IF PLAYER IS OVER 13)		PLAYER MOBILE NUMBER (IF OVER 13)		SCHOOL & GRADE ENROLLED SEPT
STREET ADDRESS	ADDRESS 2	CITY	STATE	ZIP
PARENT/GUARDIAN: FIRST NAME		LAST NAME	EMAIL ADDRESS (REQUIRED)	
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	
How did you hear about us? <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Mail <input type="checkbox"/> Web <input type="checkbox"/> Social Media _____ <input type="checkbox"/> Ad _____ <input type="checkbox"/> Referral, who can we thank? _____				

Costs

ITEM DESCRIPTION	DURATION	10 SESSIONS		5 SESSIONS		PER DIEM		TOTAL
		MEMBER	ASSOCIATE	MEMBER	ASSOCIATE	MEMBER	ASSOCIATE	
<input type="checkbox"/> Swim Private	1/2 Hour	\$700	\$800	\$350	\$400	\$80	\$90	
<input type="checkbox"/> Swim Private Off Site	1/2 Hour	\$800	\$900	\$425	\$475	\$95	\$105	
<input type="checkbox"/> Swim Semi-Private	1/2 Hour	\$400	\$450	\$225	\$250	\$45	\$55	
<input type="checkbox"/> Swim Semi- Private Off Site	1/2 Hour	\$500	\$600	\$275	\$325	\$55	\$65	
TOTAL								

Payment Information

CREDIT CARD				CHARGE TO ACCOUNT			
<input type="checkbox"/> I authorize SPORTIME to charge my credit card on file.				<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"/> Please use this card: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER				CHECK OR CASH			
CARD NUMBER	EXPIRATION	CVV	ZIP	<input type="checkbox"/> CHECK # _____ <input type="checkbox"/> CASH		AMOUNT	
<input type="checkbox"/> Check here to make this your guaranteed form of payment on file.				Payment in full is required.			

PAYMENT, LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE AND OTHER TERMS

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 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 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.php. SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED, and any make-up authorized must be completed by August 31st of the session year.

PARENT/GUARDIAN SIGNATURE	DATE
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Register Today!

Complete this application and return with payment by mail, email, or register conveniently online:



SPORTIME QUOGUE
Mail: 2571 Quogue-Riverhead Road, East Quogue, NY 11942 | **Fax:** (631) 653-8315 |
Register Online: www.SportimeNY.com/Quogue
Questions? Phone: 631-653-6767 | **Email:** quogue@sportimeny.com