



SPORTIME

2025 JMTA AMAGANSETT FALL PROGRAMS

MAC RED - AGES 3-6 • MAC ORANGE - AGES 6-9 • JMTA GREEN - AGES 7-11 • JMTA YELLOW - AGES 9-18

SEPTEMBER 1ST - NOVEMBER 9TH

John McEnroe Tennis Academy (JMTA)

- MAC Orange (Ages 6-9): Wed & Sat, 4-5:30pm
- Green Ball (Ages 7-11): Thurs & Sat, 4-5:30pm
- Yellow Ball (Ages 9-18): Mon & Sat, 4-5:30pm

All 90 minute JMTA Orange, Green and Yellow ball sessions feature a combination of drills, live-ball games, point play and more.

JMTA MAC Red

MAC Red (Ages 3-6): Tue & Sat, 3-4pm

MAC Red Introduces tennis to our youngest players using larger, low-compression red balls and kid-sized courts, nets and equipment. MAC Red ball students learn technical and tactical basics, and begin to play the game from their first days on the court.



Register Today!

To register, complete the application on the back. Or contact us by calling or texting (631) 267-1038 or by emailing amagansett@sportimeny.com.



(631) 267-1038

SPORTIME Amagansett/JMTA Hamptons
320 Abrahams Path
Amagansett, NY 11930
www.SportimeNY.com/Amagansett





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TEL: (631) 267-1038
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SPORTIME AMAGANSETT JMTA Training Sessions Fall Application 2025

☐ EXISTING PLAYER ☐ NEW PLAYER

JMTA TRAINING SESSIONS FALL SEASON: September 1, 2025 - November 9, 2025

Player Information Please complete all fields and print clearly.

PLAYER: FIRST NAME	LAST NAME	DATE OF BIRTH	GENDER
PLAYER EMAIL ADDRESS (IF 13 AND OVER)	PLAYER MOBILE NUMBER (IF 13 AND OVER)	SCHOOL & GRADE ENROLLED SEPT	
BILLING ADDRESS	APT/P.O. BOX	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 Please select the program you are registering for and select program dates. **PLEASE NOTE, ANY CANCELLATIONS MADE LESS THAN 24 HOURS IN ADVANCE, OR NO SHOWS WILL RESULT IN A FULL CHARGE. ALL SUMMER CLASSES MUST BE USED BY NOVEMBER 9, 2026.** Make-up classes are available for classes cancelled due to inclement weather.

ITEM DESCRIPTION	DURATION	DAILY	5+ CLASSES	10 + CLASSES	#PACKAGE/DAYS	TOTAL
<input type="checkbox"/> MAC Red Ball (ages 3-6) - Tue & Sat 3pm - 4pm	1 Hour	\$55.00	\$260.00	\$495.00		
<input type="checkbox"/> MAC Orange Ball (ages 6-9) - Wed & Sat 4pm- 5:30pm	1.5 Hour	\$85.00	\$385.00	\$725.00		
<input type="checkbox"/> JMTA Green Ball (ages 7-11) - Thurs & Sat 4pm - 5:30pm	1.5 Hour	\$85.00	\$385.00	\$725.00		
<input type="checkbox"/> JMTA Yellow Ball (ages 9-18) - Mon & Sat 4pm - 5:30pm	1.5 Hour	\$85.00	\$385.00	\$725.00		
PAYMENT IN FULL IS DUE UPON REGISTRATION. No refunds for any unused classes.						

Payment Information Please select your Payment Method and Agree to Payment Terms.

CREDIT CARD	PAYMENT, LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE AND OTHER TERMS
<input type="checkbox"/> I authorize SPORTIME to charge my credit card on file.	I understand that payment in full is required to enroll in Sportime Clubs, LLC ("SPORTIME") programs in Amagansett. I consent that SPORTIME may charge the credit card I have provided for the full amount for the program I have selected. 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 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 accident or injury, and if an emergency contact person cannot be reached, I grant SPORTIME permission to obtain medical attention for me, if necessary, for which I will be financially responsible. I accept that no refunds will be given for withdrawals or for unused program sessions, and that all sessions must be used before November 9, 2026. 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 guarantee 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 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..
<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"/> Check here 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.	
CHECK OR CASH	
<input type="checkbox"/> CHECK # <input type="checkbox"/> CASH	AMOUNT
Payment in full is required.	
PARENT/GUARDIAN SIGNATURE	DATE

REGISTER TODAY! Complete this application and return with the program amount by mail, fax or email:
Mail: SPORTIME Amagansett, P.O. BOX 778, Amagansett, NY 11930 Fax: (631) 267-1082
Please call or text (631) 267-1038 or email amagansett@sportimeny.com, with questions.