SPORTIME TENNIS PROGAMS

Private Lesson Application 2025-2026

☐ EXISTING MEMBER ☐ NEW MEMBER

PRIVATE TENNIS LESSON PACKAGES EXPIRE ONE YEAR FROM PURCHASE DATE

Player Information Please complete	all fields and print clearly.				
PLAYER: FIRST NAME	LAST NAME		DATE OF BIRTH		NDER
PLAYER EMAIL ADDRESS (IF 13 AND OVER)	PLAYER MOBILE NUMBER (IF 13 AND OVER)		SCHOOL &	☐ FEMALE ☐ MALE ☐ OTHER SCHOOL & GRADE ENROLLED SEPT	
STREET ADDRESS	ADDRESS 2 CITY		STATE Z	STATE ZIP HOME PHONE	
PARENT/GUARDIAN 1: FIRST NAME	LAST NAME	MOBILE PHONE	EMAIL ADDRESS (RE	:OUIRED)	
PARENT/GUARDIAN 2: FIRST NAME	LAST NAME MOBILE PHONE		email address (required)		
EMERGENCY CONTACT: FIRST NAME	LAST NAME	RELATION TO PLA	AYER CONTACT	CONTACT NUMBER	
ALLERGIES / HEALTH RESTRICTIONS		HOW DID YOU HEAR ABOUT US?			
		□ Word of Mouth □ Mail □ \	Web □ Instagram □ Facebo	ok 🗆 Twitter 🗀 P	rint Ad Referral
Program Costs - For Information Rega	rding .5, and 1.5 hour Priva	ates and Semi-Private Lessons, P	Please Contact Us. All package	es expire one year f	rom purchase date.
ITEM DESCRIPTION	PACK	1 HR WEEKDAY COST MEMBER/NON-MEMBER	1 HR WEEKEND COST MEMBER/NON-MEMBER	# SESSIONS	TOTAL
☐ Private Lessons - Staff Pro	1	\$135/\$150	\$150/\$165		
☐ Private Lessons - Senior Pro	1	\$150/\$165	\$165/\$180		
☐ Private Lessons - Master	1	\$165/\$180	\$180/\$195		
ITEM DESCRIPTION	PACK	1 HR WEEKDAY COST MEMBER/NON-MEMBER	1 HR WEEKEND COST MEMBER/NON-MEMBER	# SESSIONS	TOTAL
☐ Private Lessons - Staff Pro	10	\$1,300/\$1,450	\$1,450/\$1,600		
☐ Private Lessons - Senior Pro	10	\$1,450/\$1,600	\$1,600/\$1,750		
☐ Private Lessons - Master	10	\$1,600/\$1,750	\$1,750/\$1,900		
ITEM DESCRIPTION	PACK	1 HR WEEKDAY COST MEMBERS ONLY	1 HR WEEKEND COST MEMBERS ONLY	# SESSIONS	TOTAL
☐ Private Lessons - Staff Pro	18	\$2,250	\$2,520		
☐ Private Lessons - Senior Pro	18	\$2,250	\$2,790		
☐ Private Lessons - Master	18	\$2,790	\$3,060		
TOTAL AMOUNT DUE UPON REGISTRATI	ON				
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Schedule Selection	NITE DREEF BENGE DELON	DI FACE MUNITE	CONTOURIO DATES DEL ONI		
PRIVATE LESSON SCHEDULE - PLEASE WI Preferred Day/Time/Pro (1)	RITE PREFERENCE BELOW	PLEASE WRITE	SPECIFIC DATES BELOW		
Preferred Day/Time/Pro (2)					
rieleneu Day/ Illile/Pio (Z)					
Preferred Day/Time/Pro (3)					

Payment Information Please select your payment method:

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□ CREDIT CARD					
☐ I authorize SPORTIME to bill my credit card on file.	\square Please use this card: \square MC \square VISA \square AMEX \square DISCOVER				
CARD NUMBER EXPIRATION CVV ZIP	☐ Select to make this your guaranteed form of payment on file.				
□ CHECK OR CASH					
You must have a credit card on file if you are not paying the full amount.	☐ CHECK ☐ CASH IF CHECK, NO. AMOUNT				
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 premission 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 reserves the right 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 Privacy Policy can be viewed at: https://www.sportimeny.com					
AUTHORIZED SIGNATURE:	DATE:				

Register Today!

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

SPORTIME Quogue