



SPORTIME Lynbrook
175 Merrick Road, Lynbrook, NY 11563
TEL: (516) 887-1330 | TEXT: (516) 464-0265
www.SportimeNY.com/Lynbrook

BOUNCE PRESCHOOL TENNIS PROGRAM Spring 2026 Program Application

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

☐ **Spring 1: 8-Week Session:** Sat, January 24, 2026 - Wed, March 25, 2026 ☐ **Spring 2: 8-Week Session:** Sat, March 28, 2026 - Wed, June 3, 2026
Programs are off 2/14/26-2/20/26, 4/1/26-4/10/26, 5/23/26-5/25/26

PLAYER INFORMATION Please complete all fields and print clearly. Players must be active SPORTIME Members to participate in SPORTIME programs.

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? _____							

Program Costs

ITEM DESCRIPTION	WEEKS	DURATION	COST	# SESSIONS	TOTAL
<input type="checkbox"/> Bounce	8 Weeks	1 Hour	\$350.00		
Discount: Add a 2nd day and save 20% on 2nd class.					
TOTAL DUE UPON REGISTRATION					

Schedule Selection Please check boxes that apply. For a list of 'No Play' dates, please visit us online.

BOUNCE - 1 HOUR	
<input type="checkbox"/> Tue: 4:00pm - 5:00pm	<input type="checkbox"/> Sat: 11:00am - 12:00pm
<input type="checkbox"/> Wed: 4:00pm - 5:00pm	<input type="checkbox"/> Sun: 11:00am - 12:00pm

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			
		<input type="checkbox"/> CHECK <input type="checkbox"/> CASH	IF CHECK, NO. AMOUNT

Liability Waiver, Assumption of Risk and Release and Other Terms

By signing below I agree that I am the parent or legal guardian of the named participant, and that we 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 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 the named participant 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 the named participant to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent the named participant's participation in SPORTIME programs, services and activities. In the case of an accident or injury to the named participant, 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 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 also understand that membership is required for participation in certain SPORTIME programs. SPORTIME reserves the right to close courts for repair or alteration. I understand and agree that SPORTIME retains the rights to any photographs or video taken of the named participant 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>. I hereby authorize SPORTIME to contact me by phone, email and/or text message, and if the named participant's email address is provided above, I authorize SPORTIME to contact the named participant at such address directly. SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED BY THE NAMED PARTICIPANT, and any make-up authorized must be completed by August 31st of the session year.

AUTHORIZED SIGNATURE:

DATE:

Register Today!

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

Mail: 175 Merrick Road, Lynbrook, NY 11563 | **Text:** (516) 464-0265 | **Register Online:** www.SportimeNY.com/Lynbrook
Questions? Contact Lynbrook Director of U10 Tennis, Chuck Russell | **Phone:** (516) 887-1330 | **Email:** crussell@sportimeny.com