



SPORTIME Amagansett Multi-Sport Arena
385 Abrahams Path, Amagansett, NY 11930
CALL (631) 267-3460 TEXT (631) 759-5275
www.SportimeNY.com/AM, vhinmemo@sportimemy.com

SPORTIME JIU-JITSU PROGRAMS

Spring Program Application 2026

☐ EXISTING PLAYER ☐ NEW PLAYER

SPRING SEASON - March 2, 2026 - May 28, 2026

Player Information

Please complete all fields and print clearly.

PLAYER: FIRST NAME		LAST NAME		DATE OF BIRTH		GENDER	
						<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER	
PLAYER EMAIL ADDRESS (IF 13 AND OVER)		PLAYER MOBILE NUMBER (IF 13 AND OVER)		SCHOOL & GRADE ENROLLED SEPT			
STREET ADDRESS		ADDRESS 2		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

Cost is for 8 week session, 16 Session cost is 2 classes per week. Per Diem Drop-Ins welcome, space is limited please register in advance.

ITEM DESCRIPTION	DAY AND TIME	16 SESSION COST	8 SESSION COST	PER DIEM COST	TOTAL
<input type="checkbox"/> Ages 4-6	Mondays & Thursdays: 4:45pm-5:45pm	\$600.00	\$350.00	\$35.00	
<input type="checkbox"/> Ages 7-11	Mondays & Thursdays: 4:45pm-5:45pm	\$600.00	\$350.00	\$35.00	
<input type="checkbox"/> Ages 11-14	Wednesdays: 5:30pm-6:30pm	N/A	\$350.00	\$35.00	
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			
<input type="checkbox"/> I authorize SPORTIME to charge 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"/> 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.			

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

I understand that payment in full is required to enroll in SPORTIME Clubs, LLC ("SPORTIME") Junior Tennis Programs in Amagansett, and consent that SPORTIME may charge the credit card I have provided for the full amount due. 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 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 his/her participation in SPORTIME programs, services and activities. In the case of 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 no refunds will be given for withdrawals or for unused program sessions and that all sessions must be used before January 29, 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 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.sportimemy.com/privacy>. If the named participant's email address is provided above, I authorize SPORTIME to contact the named participant at such address directly.

PARENT/GUARDIAN SIGNATURE	DATE

REGISTER TODAY! Complete this application and return with the required deposit or program amount by mail, fax or email:

Mail: SPORTIME Amagansett, P.O. BOX 778, Amagansett, NY 11930 **Fax:** (631) 267-1082

Please call (631) 267-3460, text (631) 759-5275 or email vhinmemo@sportimemy.com, with questions.