



SPORTIME AMAGANSETT @MULTI-SPORT ARENA

SPRING 2026 YOUTH SPORTS PROGRAMS

SOCCER

INLINE SKATING

ROLLER HOCKEY

FEBRUARY 9, 2026 - APRIL 9, 2026
Programs off: February 16, 2026 - February 22, 2026

Program Description

SPORTIME's Youth Sports classes are designated to teach sport skills, game strategy and sportsmanship. Our upcoming session includes soccer, inline skating and youth roller hockey.

Youth Soccer Clinic (Ages 6-8)

Program Dates: February 9th - April 9th

Mon: 4:00pm - 5:00pm, Thurs: 4:00pm - 5:00pm

8-Session Package Cost: \$195.00 | 16- Session Package Cost: \$390

Drop-in Cost: \$35

Inline Skating (Ages 5-10)

Program Dates: February 9th - April 6th

Mon: 4:00pm - 5:00pm

8-Session Package Cost: \$195.00

Drop-in Cost: \$35

Youth Roller Hockey (Ages 7-12)

Program Dates: February 10th - April 7th

Tues: 5:30pm - 7:00pm

8-Session Package Cost: \$290.00

Drop-in Cost: \$45

Youth Soccer (Ages 9-12)

Program Dates: February 12th - April 9th

Thur: 5:00pm - 6:00pm

8-Session Package Cost: \$195.00

Drop-in Cost: \$35

Birthday Parties Available - Ask Us!



Register Today!

To register, complete the application on the back. Or contact Andrew Polychroniadis, Athletics Director, by calling (631) 267-3460, texting (631) 759-5275 or emailing andrew@sportimeny.com.



(631) 267-3460

SPORTIME Amagansett Multi-Sport Arena

385 Abrahams Path

Amagansett, NY 11930

www.SportimeNY.com/Amagansett





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SPORTIME YOUTH SPORTS PROGRAMS

Spring Program Application 2026

☐ EXISTING PLAYER ☐ NEW PLAYER

SPRING SEASON - 8 WEEK SESSION: February 9, 2026 - April 9, 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 | 8 SESSION COST | 16 SESSION COST | PER DIEM COST | TOTAL |
|--|---|----------------|-----------------|---------------|-------|
| <input type="checkbox"/> Soccer Clinic (Ages 6-8) | Mon: 4:00pm-5:00pm, Thur: 4:00pm-5:00pm | \$195.00 | \$390.00 | \$35.00 | |
| <input type="checkbox"/> Inline Skating (Ages 5-10) | Mon: 4:00pm-5:00pm | \$195.00 | N/A | \$35.00 | |
| <input type="checkbox"/> Roller Hockey (Ages 7-12) | Tues: 5:30pm-7:00pm | \$290.00 | N/A | \$45.00 | |
| <input type="checkbox"/> Soccer (Ages 9-12) | Thur: 5:00pm-6:00pm | \$195.00 | N/A | \$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.sportimeny.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 andrew@sportimeny.com, with questions.