

Program Description

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

Youth Soccer Clinic (Ages 6-8)

Program Dates: December 1st - January 29th 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: December 1st - January 29th Mon: 4:00pm - 5:00pm, Thur: 4:00pm - 5:00pm

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

Drop-in Cost: \$35

Youth Basketball (Ages 6-8)

Program Dates: December 2nd - January 29th Tues: 5:00pm - 6:00pm, Thur: 5:00pm - 6:00pm

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

Drop-in Cost: \$35

Youth Basketball (Ages 9-12)

Program Dates: December 2nd - January 29th Tues: 6:00pm - 7:00pm, Thur: 6:00pm - 7:00pm

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

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





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SPORTIME YOUTH SPORTS PROGRAMS

Winter Program Application 2025-2026

☐ EXISTING PLAYER ☐ NEW PLAYER

WINTER SEASON - 8 WEEK SESSION: December 1, 2025 - January 29, 2026

Player Information Please comp	lete all fields and print clearly.							
PLAYER: FIRST NAME	LAST NAME			DATE OF BIRTH	I GEND	ER	_	
							☐ MALE ☐ OTHER	
PLAYER EMAIL ADDRESS (IF 13 AND OVER)	PLAYER MOBILE NUMBER (IF 13 AND (VER) SCHOOL & GRADE ENROLLED SEPT					
STREET ADDRESS	ADDRESS 2		CITY	STATE	ZIP	F	HOME PHONE	_
PARENT/GUARDIAN 1: FIRST NAME	LAST NAME		MOBILE PHONE	EMAIL	ADDRESS (REQU	JIRED)		
PARENT/GUARDIAN 2: FIRST NAME	RDIAN 2: FIRST NAME LAST NAME		MOBILE PHONE	FMAIL	ADDRESS (REQU	JIRED)		_
						,		
EMERGENCY CONTACT: FIRST NAME	LAST NAME		RELATION TO PLAYER		CONTACT NU	MBER		_
ALLERGIES / HEALTH RESTRICTIONS HOW DID YOU HEAR ABOUT US?								
			☐ Mail ☐ Web	☐ Instagram	□ Facebook	: □ Twitter □ Prin	itter □ Print Ad □ Referral	
			Z Web			. Liwitter Livii	Tena Energia	_
Program Costs Cost is for 8 week	s session, 16 Session cost is 2 classes pe	arwaak Dar	r Diem Dron-Ins w	alcoma snace	is limited al	ease register in ad	vance	
Cost is for a week	session, 10 session cost is 2 classes pe	of Week. Fer	Dieili Drop-ilis W	eicome, space	is illilited pi	ease register in au	varice.	
ITEM DESCRIPTION	DAY AND TIME		8 SESSION COS	T 16 SESSI	ON COST	PER DIEM COST	TOTAL	
☐ Soccer Clinic (Ages 6-8)	Mon: 4:00pm-5:00pm, Thur: 4:00pn	n-5:00pm	\$195.00	\$39	0.00	\$35.00		
U Julius Clustine (Acce F 10)			¢10F.00	620	0.00	¢3F 00		_
☐ Inline Skating (Ages 5-10)	Mon: 4:00pm-5:00pm, Thur: 4:00pm-5:00pm		\$195.00	\$39	0.00	\$35.00		_
☐ Basketball (Ages 6-8)	Tues: 5:00pm-6:00pm, Thur: 5:00pm-6:00pm		\$195.00	\$39	\$390.00			
☐ Basketball (Ages 9-12)	.2) Tues: 6:00pm-7:00pm, Thur: 6:00pm-7:00pm		\$195.00	\$39	0.00	\$35.00		
PAYMENT IN FULL IS DUE UPON REG	ed classes.							
					'			
Payment Information Places so	elect your Payment Method and Agree	to Paymont	Torms					
-	elect your Payment Method and Agree							
CREDIT CARD							AND OTHER TERM	S
☐ I authorize SPORTIME to charge m	ny credit card on file.	Amaganset	tt, and consent that SPC	ORTIME may charge	the credit card		ıll amount due. By signing	
☐ Please use this card: ☐ MC ☐ VISA ☐ AMEX ☐ DISCOVER			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					
							ORTIME programs, services e, or other loss sustained	ś
CARD NUMBER	EXPIRATION CVV ZIP					or arising out of the use of declare the named parti		
		sound and	suffering from no condi	itions, impairment,	disease, infirmit	ty or other illness that wo	ould prevent his/her	
☐ Check here to make this your guaranteed form of payment on file.			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					
CHARGE TO ACCOUNT		program se	essions and that all sessi	ions must be used l	before January 2	9, 2026. I understand tha	at if a session is not cancele	
☐ I understand that I need a guaran	teed form of payment on file, and I						I session fee. I also accept nt to cancel this contract at	
authorize SPORTIME to use it for							eviously paid on a pro-rata ree that SPORTIME retains	
		the rights t	o any photographs or v	ideo taken of the n	amed participan	t at SPORTIME facilities of	or at off-site SPORTIME	
CHECK OR CASH		Policy can b	be viewed at: https://w	ww.sportimeny.con	n/privacy. If the		il address is provided abov	re,
□ CHECK #	□ CASH AMOUNT		SPORTIME to contact ti		int at such addre	,		
Payment in full is required.		PARENT/G	UARDIAN SIGNATURE			DATE		