



SPORTIME Kings Park
 275 Old Indian Head Road, Kings Park, NY 11754
 TEL: 631-269-6300 | FAX: 631-406-4213
 www.SportimeNY.com/KingsPark

SPORTIME ADULT INDOOR TENNIS PROGRAMS

2026 Indoor Program Application

EXISTING MEMBER NEW MEMBER

SUMMER TENNIS PROGRAM SEASON: JUNE 27, 2026 - AUGUST 29, 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			
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

Costs are for 10 weeks except where indicated. Costs are per person.

ITEM DESCRIPTION	WEEKS	DURATION	COST	# SESSIONS	TOTAL
<input type="checkbox"/> ATK Group Tennis Lessons	10 Weeks	1 Hour	\$425.00		
<input type="checkbox"/> ATK Group Tennis Lessons	10 Weeks	1.5 Hour	\$425.00		
<input type="checkbox"/> ATK Tennis 101	8 Weeks	1 Hour	\$250.00		
<input type="checkbox"/> Pickleball Clinic	4 Weeks	1 Hour	\$140.00		
<input type="checkbox"/> Pickleball Clinic	Per Diem	1 Hour	\$30/\$40		
<input type="checkbox"/> The SPORTIME Zone	Per Diem	2 Hour	\$45/\$60		
<input type="checkbox"/> ATK Group Tennis Lessons	Per Diem	2 Hour	\$65/\$80		
PROGRAM TOTAL					

Schedule Selection

ATK GROUP TENNIS LESSONS - 1 HOUR <input type="checkbox"/> Tues: 11:00am - 12:00pm <input type="checkbox"/> Wed: 11:00am - 12:00pm <input type="checkbox"/> Thurs: 11:00am - 12:00pm	ATK GROUP TENNIS LESSONS - 1.5 HOUR <input type="checkbox"/> Tues: 8:00am - 9:30am <input type="checkbox"/> Tues: 9:30am - 11:00am <input type="checkbox"/> Thurs: 8:00am - 9:30am <input type="checkbox"/> Thurs: 9:30am - 11:00am	ADULT TENNIS 101 - 1 HOUR <input type="checkbox"/> Mon: 6:00pm - 7:00pm <input type="checkbox"/> Mon: 11:00am - 12:00pm <input type="checkbox"/> Thurs: 6:00pm - 7:00pm <input type="checkbox"/> Fri: 9:00am - 10:00am	SPORTIME ZONE - 2 HOUR <input type="checkbox"/> Mon: 10:00am - 12:00pm <input type="checkbox"/> Mon: 7:00pm - 9:00pm <input type="checkbox"/> Thurs: 7:00pm - 9:00pm <input type="checkbox"/> Fri: 10:00am - 12:00pm <input type="checkbox"/> Sat: 10:00am - 12:00pm
PICKLEBALL CLINIC - 1 HOUR <input type="checkbox"/> Mon: 6:00pm - 7:00pm <input type="checkbox"/> Thurs: 6:00pm - 7:00pm	ATK GROUP TENNIS LESSONS - 2 HOUR <input type="checkbox"/> Sat: 8:00am - 10:00am		

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.	PAYMENT, 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 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 close courts for repair or alterations. 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 hereby authorize SPORTIME 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's Privacy Policy can be viewed at: https://www.sportimeny.com/privacy . SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED, and any make-up authorized must be completed by August 31st of the session year.
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.	PARENT/GUARDIAN SIGNATURE _____ DATE _____
CHECK OR CASH <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> CASH _____ AMOUNT _____ Payment in full is required.	

Register Today! Complete both sides of this application and return with full payment amount for programs and lessons by mail, fax or register online:
 Mail: SPORTIME Kings Park, 275 Old Indian Head Road, Kings Park, NY 11754 / Fax: 631-406-4213 / Register Online: www.SportimeNY.com/KingsPark