



SPORTIME Capital Region
 2699 Curry Road, Schenectady, NY 12303
 TEL: 518-356-0100 | TEXT: 518-535-9180
 www.SportmeNY.com/Capital Region

ADULT TENNIS Summer 2026 Program Application

NEW MEMBER EXISTING MEMBER

Summer 2026: June 22, 2026 - September 6, 2026

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
EMAIL ADDRESS (REQUIRED)		NTRP RATING	DO YOU PLAY USTA?		PLAYER UNIVERSAL TENNIS RATING
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
STREET ADDRESS		ADDRESS 2	CITY	STATE	ZIP
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 are for 11 weeks

ITEM DESCRIPTION	DURATION	1X PER WEEK COST	2X PER WEEK COST	PER DIEM COST	# SESSIONS	TOTAL
<input type="checkbox"/> ATK 101 - 8 Weeks Starts June 29th	1 Hour	\$200.00	\$375.00	N/A		
<input type="checkbox"/> ATK Beginner	1.5 Hour	\$450.00	\$835.00	N/A		
<input type="checkbox"/> ATK Intermediate	1.5 Hour	\$450.00	\$835.00	N/A		
<input type="checkbox"/> ATK Advanced	1.5 Hour	\$450.00	\$835.00	N/A		
<input type="checkbox"/> Shot of the Day (Membership not required)	1 Hour	N/A	N/A	\$25.00		
<input type="checkbox"/> ATK Cardio (Membership not required)	30 Minutes	N/A	N/A	\$15.00		
TOTAL DUE						

Group Program Schedule Selection

Please check boxes that apply.

<p>ATK 101</p> <input type="checkbox"/> Mon: 6:00pm - 7:00pm <input type="checkbox"/> Wed: 6:00pm - 7:00pm <input type="checkbox"/> Thur: 7:30am - 8:30am <input type="checkbox"/> Sat: 10:00am - 11:00am	<p>ATK BEGINNER</p> <input type="checkbox"/> Tues: 6:30pm - 8:00pm <input type="checkbox"/> Thur: 6:30pm - 8:00pm	<p>ATK INTERMEDIATE</p> <input type="checkbox"/> Mon: 7:00pm - 8:30pm <input type="checkbox"/> Wed: 7:00pm - 8:30pm	<p>ATK ADVANCED</p> <input type="checkbox"/> Tues: 6:30pm - 8:00pm <input type="checkbox"/> Thur: 6:30pm - 8:00pm
<p>ATK CARDIO</p> <input type="checkbox"/> Mon: 5:00pm - 5:30pm <input type="checkbox"/> Tue: 5:00pm - 5:30pm <input type="checkbox"/> Wed: 5:00pm - 5:30pm <input type="checkbox"/> Thur: 5:00pm - 5:30pm			
<p>SHOT OF THE DAY</p> <input type="checkbox"/> Mon: 6:00pm - 7:00pm <input type="checkbox"/> Tue: 12:00pm - 1:00pm <input type="checkbox"/> Wed: 6:00pm - 7:00pm <input type="checkbox"/> Thur: 12:00pm - 1:00pm <input type="checkbox"/> Sat: 10:00am - 11:00am			

CUSTOM PROGRAMS - PLEASE INDICATE YOUR PREFERENCES HERE

Preferred Day/Time (1)	Preferred Coach
Preferred Day/Time (2)	Preferred Coach
Preferred Day/Time (3)	Preferred Coach

Register Today! Complete both sides of this application and return with the required deposit by mail, email, or register conveniently online. See more information on the reverse.



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Payment Plan Please choose one of the options below:

- OPTION A: SPORTIME'S EASY PAYMENT PLAN** The SPORTIME Easy Payment Plan (EPP) requires a 40% non-refundable deposit to reserve a space in any SPORTIME program, with the remaining balance charged to a member's valid credit card, for programs commencing in September or thereafter, as follows:
- For 8-13 week programs, remaining balance to be drafted on the first of the month following the month during which the program commences;
 - For 15-18 week programs, remaining balance to be drafted in three (3) equal installments, on February 1, March 1 and April 1; or
 - For 34 -36 programs, remaining balance to be drafted in six (6) equal installments on October 1, November 1, December 1, January 1, February 1 and March 1.
- For enrollment in any SPORTIME program after August 31st, the amount of any installment payment due, per the schedule above, will be due and payable in addition to the deposit. EPP participants MUST enroll in Full Auto Pay, thereby authorizing SPORTIME to draft all club charges due on a monthly basis, including membership dues, pro shop charges and per diem court time, from such credit card or bank account. **If I did not choose Full Auto Pay as my payment profile on my SPORTIME Membership Agreement, by choosing the EPP, I am hereby authorizing SPORTIME to change such profile to Full Auto Pay, effective immediately.** Once enrolled in Full Auto Pay, any additional programs or services that members choose to charge to their SPORTIME accounts will be billed and drafted using the EPP schedule..
- OPTION B: PAYMENT IN FULL BY FIRST DAY OF PLAY** I understand that if I do not choose the EPP described above, I must remit a 40% non-refundable deposit along with this application to confirm registration, and that the remaining balance must be paid in full by the first day of play.

<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			
You must have a credit card on file if you are not paying the full amount.		<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 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.

AUTHORIZED SIGNATURE:

DATE:

Register Today!

Complete both sides of this application and return with payment in full by mail, email, or register conveniently online:

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 Questions? Contact Schenectady Adult Director of Tennis, Alejo Calvis: Phone: 518-356-0100 | Email: acalvis@sportimeny.com