SPORTIME Amagansett Multi-Sport Arena
385 Abrahams Path, Amagansett, NY 11930
TEL or TEXT: (631) 759-5275
www.SportimeNY.com/AM, amagansett@sportimeny.com

SUMMER KIDS CLUB APPLICATION 2026
SPORTIME Amagansett

Saturday, June 6, 2026 - Sunday, September 6, 2026

Player Information
Please complete all fields and print clearly.

CAMPER: FIRST NAME	LAST NAME		DATE OF BIRTH	
BILLING ADDRESS	APT #		SCHOOL & GRADE ENROLLED SEPT 2026	
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 CAMPER	CONTACT NUMBER	
ALLERGIES / HEALTH RESTRICTIONS		HOW DID YOU HEAR ABOUT US		

☐ Word of Mouth ☐ Mail ☐ Web ☐ Instagram ☐ Facebook ☐ Print Ad ☐ Referral

Program Costs

ITEM DESCRIPTION	COST	DAYS	TOTAL
☐ Saturdays & Sundays - Ages 6-13 | 9:00am-12:00pm	$100 per day		
PROGRAM TOTAL: PAYMENT IN FULL IS DUE UPON REGISTRATION			$

Schedule Selection
Please check all days that apply.

SELECT DAY(S)	
☐ WEEK 1: SAT, JUNE 6	☐ WEEK 1: SUN, JUNE 7
☐ WEEK 2: SAT, JUNE 9	☐ WEEK 2: SUN, JUNE 10
☐ WEEK 3: SAT, JUNE 16	☐ WEEK 3: SUN, JUNE 17
☐ WEEK 4: SAT, JUNE 23	☐ WEEK 4: SUN, JUNE 24
☐ WEEK 5 : SAT, JUNE 27	☐ WEEK 5: SUN, JUNE 28

SELECT DAY(S)	
☐ WEEK 6: SAT, JULY 4	☐ WEEK 6: SUN, JULY 5
☐ WEEK 7: SAT, JULY 11	☐ WEEK 7: SUN, JULY 12
☐ WEEK 8: SAT, JULY 18	☐ WEEK 8: SUN, JULY 19
☐ WEEK 9: SAT, JULY 25	☐ WEEK 9: SUN, JULY 26
☐ WEEK 10 : SAT, AUG 1	☐ WEEK 10: SUN, AUG 2

SELECT DAY(S)	
☐ WEEK 11: SAT, AUG 8	☐ WEEK 11: SUN, AUG 9
☐ WEEK 12: SAT, AUG 15	☐ WEEK 12: SUN, AUG 16
☐ WEEK 13: SAT, AUG 22	☐ WEEK 13: SUN, AUG 23
☐ WEEK 14: SAT, AUG 29	☐ WEEK 14: SUN, AUG 30
☐ WEEK 15 : SAT, SEPT 5	☐ WEEK 15: SUN, SEPT 6

Payment Information
Please select your Payment Method and Agree to Payment Terms.

CREDIT CARD

☐ I authorize SPORTIME to charge my credit card on file.

☐ Please use this card: ☐ MC ☐ VISA ☐ AMEX ☐ DISCOVER

CARD NUMBER | EXPIRATION | CVV | ZIP

CHARGE TO ACCOUNT

☐ 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

☐ CHECK # _____ ☐ CASH

Payment in full is required.

AMOUNT

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

I understand that payment in full is required to enroll in SPORTIME Clubs, LLC ("SPORTIME") programs in Amagansett. I consent that SPORTIME may charge the credit card I have provided for the full amount for the program I have selected. 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 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 accident or injury, and if an emergency contact person cannot be reached, I grant SPORTIME permission to obtain medical attention for me, if necessary, for which I will be financially responsible. 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 alterations. I understand and agree that SPORTIME retains the rights to any photographs or video taken of me and/or 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. I hereby authorize SPORTIME to contact me by phone, email and/or text message, and if the named participant is a minor and an email address is provided above, I authorize SPORTIME to contact the named participant at such address directly.

AUTHORIZED SIGNATURE | DATE

Register Today! Complete this application and return with the required program amount by mail or email:
SPORTIME Amagansett Multi-Sport, Mail: 385 Abrahams Path, Amagansett, NY 11930
Email: amagansettmulti@SportimeNY.com | Please call or text 631-759-5275.