



SPORTIME Capital Region
 2699 Curry Road, Schenectady, NY 12303
 TEL/TEXT: 518-535-9180 | FAX: 518-356-4797
 www.SportmeNY.com/CapitalRegion | CRTennis@sportimeny.com

ADULT TENNIS 2026-2027 Program Application

NEW MEMBER EXISTING MEMBER EXISTING MEMBER W/CHANGES

Fall 18-Week Session: Mon, Sept 14, 2026 - Sun, Feb 7, 2027 **Full 36-Week Session:** Mon, Sept 14, 2026 - Sun, June 27, 2027

Programs are off 11/3/26, 11/11/26, 11/26/26-11/29/26, 12/21/26-1/3/27, 2/15/27-2/21/27, 3/27/27-4/2/27, 5/31/27

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? <input type="checkbox"/> YES <input type="checkbox"/> NO	PLAYER UNIVERSAL TENNIS RATING
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? Word of Mouth Mail Web Social Media _____ Ad _____ Referral, who can we thank? _____

Program Costs (Cost is per player)

ADULT TENNIS GROUP PROGRAMS	DURATION	9 WEEK COST	18 WEEK COST	18 WEEK 2X/WEEK	# SESSIONS	TOTAL
<input type="checkbox"/> ATK Tennis 101 - Beginner Membership included for first time Players/Members.	1 Hour	\$465.00	N/A	N/A		
<input type="checkbox"/> ATK Cardio - All Levels	1 Hour	N/A	\$640.00	N/A		
<input type="checkbox"/> ATK Group - Beginner	1.5 Hour	N/A	\$975.00	\$1,755.00		
<input type="checkbox"/> ATK Group - Intermediate (USTA Level 3.0-3.5)	1.5 Hour	N/A	\$975.00	\$1,755.00		
<input type="checkbox"/> ATK College Drills - Advanced (USTA Level 4.0+)	1.5 Hour	N/A	\$975.00	\$1,755.00		
<input type="checkbox"/> ATK Custom Group - Custom programs allow you to choose your tennis professional, day and time. Groups must have a minimum of 4 players.	1.5 Hour	N/A	\$1,055.00	N/A		
TOTAL ADULT TENNIS GROUP PROGRAMS						\$
40% REQUIRED DEPOSIT						\$
BALANCE DUE						\$

Group Program Schedule Selection

 Please check boxes that apply.

ATK CARDIO - 1 HR <input type="checkbox"/> All Levels Thur: 8:30pm - 9:30pm <input type="checkbox"/> All Levels Sun: 12:00pm - 1:00pm	ATK TENNIS 101 - BEGINNERS - 1 HR <input type="checkbox"/> Mon: 6:00pm - 7:00pm <input type="checkbox"/> Thur: 7:30pm - 8:30pm <input type="checkbox"/> Sat: 9:00am - 10:00am <input type="checkbox"/> Sun: 11:00am - 12:00pm	ATK COLLEGE DRILLS - 4.0+ - 1.5HR <input type="checkbox"/> Tues: 7:30pm - 9:00pm <input type="checkbox"/> Wed: 7:30pm - 9:00pm
ATK GROUP - INTERMEDIATE 3.0-3.5 - 1.5HR <input type="checkbox"/> Tues: 7:30pm-9:00pm <input type="checkbox"/> Wed: 7:30pm-9:00pm		ATK GROUP - BEGINNER - 1.5HR <input type="checkbox"/> Mon: 6:00pm - 7:30pm <input type="checkbox"/> Thur: 7:30pm - 9:00pm <input type="checkbox"/> Sun: 11:00am - 12:30pm

PRIVATE TENNIS LESSONS (For rates or for help with ½ Hour or 1 ½ Hour lessons, please contact us.)	DURATION	18 SESSIONS	36 SESSIONS	# SESSIONS	TOTAL
<input type="checkbox"/> Private - Director (Philippe, Alejo, Arjun)	1 hour	\$1,960.00	\$3,810.00		
<input type="checkbox"/> Private - Master (David)	1 hour	\$1,780.00	\$3,450.00		
<input type="checkbox"/> Private - Staff (Jim, Peter)	1 hour	\$1,600.00	\$3,110.00		
<input type="checkbox"/> Private - Junior Pro (Anelisse)	1 hour	\$1,420.00	\$2,750.00		
TOTAL TENNIS PRIVATE LESSONS					\$
PRIVATE ATHLETIC TRAINING	DURATION	1 SESSION	10/15 SESSIONS	# SESSIONS	TOTAL
<input type="checkbox"/> Private Athletic Training (Danielle, Lauren, Alejo, Arjun)	1 Hour	\$75.00	\$700/\$1,000		
TOTAL ATHLETIC TRAINING					\$
40% REQUIRED DEPOSIT					\$
BALANCE DUE					\$

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



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SCHEDULE SELECTION		
PRIVATE TENNIS LESSONS / PRIVATE ATHLETIC TRAINING <ul style="list-style-type: none"> Private Tennis Lessons and Private Athletic Training cancelled fewer than 24 hours in advance will be charged in full. While we will make best efforts to provide you with the tennis and/or athletic training coach(es) you request, it may not always be feasible. If we are unable to accommodate your request, we will inform you and recommend another member of our word-class staff. 	LESSON 1 PREFERENCES DAY: TIME: COACH:	IF APPLICABLE, LESSON 2 PREFERENCES DAY: TIME: COACH:
	ATHLETIC TRAINING 1 PREFERENCES DAY: TIME: COACH:	IF APPLICABLE, TRAINING 2 PREFERENCES DAY: TIME: COACH:

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 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.**

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. I further understand and agree that if I am paying by check or by cash, and am not paying in full upon submitting this application, that I must provide a valid credit card as a guaranteed form of payment on file, and that SPORTIME is authorized to charge that card for any balance due.

<input type="checkbox"/> CREDIT CARD				CHECK OR CASH:	
<input type="checkbox"/> Please use this card: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER				<input type="checkbox"/> CHECK #	
CARD NUMBER	CVC	EXPIRATION	BILLING ZIP CODE	<input type="checkbox"/> CASH	
				<small>(If you are paying by check or in cash, and are not paying in full upon submitting this application, you must provide a credit card as a guaranteed form of payment).</small>	

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 other sports, 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 my 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 understand that membership is required for participation in certain SPORTIME programs, and 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. SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED, and any make-ups authorized must be completed by February 7, 2027 (Fall Session) and June 27, 2027 (Spring Session) of the session year. All private tennis lesson and athletic training session packages must be used by August 31, 2027. 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 and other facilities for repair or alteration. I hereby authorize SPORTIME to contact me by phone, email and/or text message, and 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>.

AUTHORIZED SIGNATURE: _____ **DATE:** _____

Register Today!

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

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