SPORTIME Amagansett / JMTA Hamptons
320 Abrahams Path, P.O. Box 778
Amagansett, NY 11930
TEL or TEXT: (631) 267- 1038
www.SportimeNY.com/AM, amagansett@sportimeny.com

ADULT PICKLEBALL APPLICATION FALL 2026

SPORTIME Amagansett

☐ **EXISTING PLAYER** ☐ **NEW PLAYER**

PICKLEBALL SEASON: SEPTEMBER 8, 2026 - NOVEMBER 8, 2026

Player Information

Please complete all fields and print clearly.

MEMBER: FIRST NAME	LAST NAME	DATE OF BIRTH	GENDER

EMAIL ADDRESS (REQUIRED)	MOBILE NUMBER	PLAYER LEVEL
		☐ Beginner ☐ Intermediate ☐ Advanced

STREET ADDRESS	APT# or P.O.BOX	CITY	STATE	ZIP	HOME PHONE

EMERGENCY CONTACT: FIRST NAME	LAST NAME	RELATION TO PLAYER	CONTACT NUMBER

HOW DID YOU HEAR ABOUT US? INSTAGRAM ACCOUNT

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

Program Costs

Please note, any cancellations made less than 24 hours in advance, or no shows, will result in a full charge. No exceptions. Paddle rentals are available for a $5 fee, which can be credited toward a paddle purchase.

ITEM DESCRIPTION	MEMBER COST	NON-MEMBER COST	QUANTITY	TOTAL
☐ 1.5 Hour SPORTIME Pickle Clinic	$50	$65		
☐ 2 Hour Open Play Session	$20	$25		
☐ 1 Hour Court Rental	$40	$70		
☐ 1 Hour Private Lesson (1-2 players) (1.5 hr lessons available upon request)	$185	$200		
☐ 1 Hour Group Lesson (3-4 players)	$225	$245		
PROGRAM TOTAL: PAYMENT IN FULL IS DUE UPON REGISTRATION				**$**

Registration Information

To sign up, please call or text 631-267-1038. Spots are limited. In case of rain 9 indoor courts available.

PICKLEBALL - OPEN PLAY (New Players/Beginners Must Call or Text the Club at 631-267-1038)	
☐ Tue: 3:30pm - 5:30pm	All Levels
☐ Thurs: 3:30pm - 5:30pm	All Levels
☐ Sat & Sun: 10:00am - 12:00pm	All Levels

SPORTIME PICKLEBALL CLINIC (New Players/Beginners Must Call or Text the Club at 631-267-1038)	
☐ Fri: 2:00pm - 3:30pm	All Levels
☐ Sun: 1:30pm - 3:00pm	All Levels

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	AMOUNT
Payment in full is required.	

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 deposit or program amount by mail, fax or email:**
SPORTIME Amagansett, Mail: P.O. BOX 778, Amagansett, NY 11930 **Fax:** 631-267-1082 **Email:** Amagansett@SportimeNY.com
Please call or text 631-267-1038.