



SPORTIME Lynbrook  
 175 Merrick Road, Lynbrook, NY 11563  
 TEL: (516) 887-1330 | TEXT: (516) 464-0265  
 www.SportimeNY.com/Lynbrook

**BOUNCE PRESCHOOL TENNIS PROGRAM**  
**2026-2027 Program Application**

NEW MEMBER  EXISTING MEMBER  EXISTING MEMBER W/CHANGES

**Fall 1: 8-Week Session:** Sat, Sept 12, 2026 - Wed, Nov 4, 2026  **Fall 2: 8-Week Session:** Wed, Nov 11, 2026 - Wed, Jan 20, 2027

Programs are off 9/21/26, 11/24/26-11/29/26, 12/22/26-1/3/27, 1/18/27, 2/13/27-2/19/27, 3/25/27-3/28/27, 4/21/27-4/30/27, 5/29/27-5/31/27

| 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<br><input type="checkbox"/> FEMALE <input type="checkbox"/> MALE   |     |
| PLAYER EMAIL ADDRESS (IF PLAYER IS OVER 13)   | PLAYER MOBILE NUMBER (IF OVER 13) | SCHOOL & GRADE ENROLLED SEPT |   |     |
| STREET ADDRESS  | ADDRESS 2                         | CITY                         | STATE   | ZIP |
| PARENT/GUARDIAN: FIRST NAME   | LAST NAME                         | EMAIL ADDRESS (REQUIRED)     |   |     |
| MOBILE PHONE  | HOME PHONE                        | BUSINESS PHONE               | HOW DO YOU PREFER TO BE CONTACTED:<br><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**

| ITEM DESCRIPTION                                   | WEEKS   | DURATION | COST     | # SESSIONS | TOTAL |
|--|---------|----------|----------|------------|-------|
| <input type="checkbox"/> Bounce                    | 8 Weeks | 1 Hour   | \$375.00 |            |       |
| Discount: Add a 2nd day and save 20% on 2nd class. |         |          |          |            |       |
| <b>TOTAL DUE UPON REGISTRATION</b>                 |         |          |          |            |       |

**Schedule Selection** Please check boxes that apply. For a list of 'No Play' dates, please visit us online.

| BOUNCE - 1 HOUR                               |   |
|---|---|
| <input type="checkbox"/> Tue: 4:00pm - 5:00pm | <input type="checkbox"/> Sat: 11:00am - 12:00pm |
| <input type="checkbox"/> Wed: 4:00pm - 5:00pm | <input type="checkbox"/> Sun: 11:00am - 12:00pm |

**Payment Information** Please select your payment method:

| <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  |            |  |        |
| <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 parent or legal guardian of the named participant, and that we 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 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 the named participant 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 the named participant to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent the named participant's participation in SPORTIME programs, services and activities. In the case of an accident or injury to the named participant, 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 or credits 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 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 also understand that membership is required for participation in certain SPORTIME programs. SPORTIME reserves the right to close courts for repair or alteration. I understand and agree that SPORTIME retains the rights to any photographs or video taken of 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's email address is provided above, I authorize SPORTIME to contact the named participant at such address directly. SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED BY THE NAMED PARTICIPANT, and any make-up authorized must be completed by August 31st of the session year.

AUTHORIZED SIGNATURE:

DATE:

**Register Today!**

Complete this application and return with required deposit by mail, text or email, or register conveniently online:

Mail: 175 Merrick Road, Lynbrook, NY 11563 | Text: (516) 464-0265 | Register Online: [www.SportimeNY.com/Lynbrook](http://www.SportimeNY.com/Lynbrook)

Questions? Contact Lynbrook Director of U10 Tennis, Chuck Russell | Phone: (516) 887-1330 | Email: [crussell@sportimeny.com](mailto:crussell@sportimeny.com)