



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

EXCEL GREEN & YELLOW BALL 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
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:	
EMERGENCY CONTACT: FIRST NAME		LAST NAME		RELATION TO PLAYER	CONTACT NUMBER
<input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> TEXT <input type="checkbox"/> MAIL					
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 Cost is for 18 and 36 week programs - **NEW! Group Athletic Training is now included in the program, as follows, at no additional cost!**
Don't miss out! Tuesdays 4:30-5:30pm, Thursdays 4:30pm-5:30pm, Saturdays 11:30am-12:30pm.

ITEM DESCRIPTION (Age ranges may vary)	DURATION	TRAINING 1 1 class/week		TRAINING 2 2 classes/week		TRAINING 3 3 classes/week		TOTAL
		18 Weeks	36 Weeks	18 Weeks	36 Weeks	18 Weeks	36 Weeks	
<input type="checkbox"/> EXCEL Green: Ages 9-11	1.5 Hour	\$1,025.00	\$1,945.00	\$1,945.00	\$3,695.00	\$2,690.00	\$5,330.00	
<input type="checkbox"/> EXCEL Yellow: Ages 9-17	2 Hour	\$1,395.00	\$2,550.00	\$2,550.00	\$4,250.00	\$3,700.00	\$6,450.00	
<input type="checkbox"/> EXCEL Yellow High Performance: Ages 9-17	2 Hour	\$1,395.00	\$2,550.00	\$2,550.00	\$4,250.00	\$3,700.00	\$6,450.00	
TOTAL EXCEL PROGRAMS								\$
40% REQUIRED DEPOSIT								\$
BALANCE DUE								\$

Group Program Schedule Selection Please check boxes that apply.

EXCEL GREEN - 1.5 HOUR

Mon: 4:00pm - 5:30pm

Tue: 4:00pm - 5:30pm

Wed: 4:00pm - 5:30pm

Thur: 4:00pm - 5:30pm

Sat: 10:00am - 11:30am

EXCEL YELLOW - 2 HOUR

Mon: 5:30pm - 7:30pm

Fri: 4:00pm - 6:00pm

Sat: 11:30pm - 1:30pm

Sun: 9:00am - 11:00am

EXCEL YELLOW HIGH PERFORMANCE - 2 HOUR

Tue: 5:30pm - 7:30pm

Wed: 5:30pm - 7:30pm

Thur: 5:30pm - 7:30pm

PRIVATE LESSONS (For rates or for help with 1/2 Hour or 1 1/2 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 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					\$
SUB-TOTAL ALL					\$
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 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 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 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 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 BY THE NAMED PARTICIPANT, 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 if the named participant's email address is provided above, I authorize SPORTIME to contact the named participant at such address directly. 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.sportimemy.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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