SPORTIME TENNIS · PICKLEBALL · SPORTS

JOHN McENROE TENNIS ACADEMY

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

YOUTH VOLLEYBALL CLINICS

Winter Program Application 2026-2027

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

WINTER SEASON - 8 WEEK SESSION: December 7, 2026 - February 10, 2027
No classes: 12/23/26, 12/28/26, 12/30/26, 1/18/27

Player Information Please complete all fields and print clearly.

PLAYER: FIRST NAME	LAST NAME			DATE OF BIRTH	GENDER ☐ **FEMALE** ☐ **MALE**
PLAYER EMAIL ADDRESS (IF 13 AND OVER)	PLAYER MOBILE NUMBER (IF 13 AND OVER)			SCHOOL & GRADE ENROLLED SEPT	
STREET ADDRESS	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 PLAYER	CONTACT NUMBER		
ALLERGIES / HEALTH RESTRICTIONS	HOW DID YOU HEAR ABOUT US? ☐ Word of Mouth ☐ Mail ☐ Web ☐ Instagram ☐ Facebook ☐ Twitter ☐ Print Ad ☐ Referral				

Program Costs Cost is for 8 week session. Per Diem Drop-Ins welcome, space is limited please register in advance.

ITEM DESCRIPTION	DURATION	DAY AND TIME	PROGRAM COST	PER DIEM COST	TOTAL
☐ Girls Volleyball (Grades 5-6)	1 Hour	Monday: 5:00pm-6:00pm	$195.00	$35.00	
☐ Girls Volleyball (Grades 7-11)	1.5 Hour	Wednesday: 5:00pm-6:30pm	$290.00	$45.00	
☐ Volleyball Private Lesson	1 Hour	Preference:	N/A	$200.00	
PAYMENT IN FULL IS DUE UPON REGISTRATION. No refunds for any unused classes.					

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

☐ Check here to make this your guaranteed form of payment on file.

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") Junior Tennis Programs in Amagansett, and consent that SPORTIME may charge the credit card I have provided for the full amount due. 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 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 his/her participation in SPORTIME programs, services and activities. In the case of 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 no refunds will be given for withdrawals or for unused program sessions and that all sessions must be used before February 10, 2027. 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 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. If the named participant's email address is provided above, I authorize SPORTIME to contact the named participant at such address directly.

PARENT/GUARDIAN SIGNATURE	DATE

REGISTER TODAY! **Complete this application and return with the required deposit or program amount by mail, fax or email:**
Mail: SPORTIME Amagansett, P.O. BOX 778, Amagansett, NY 11930 Fax: (631) 267-1082
Please call/text (631) 759-5275 or email amagansettmulti@sportimeny.com, with questions.