SPORTIME PADEL

SPORTIME RANDALL'S ISLAND / JMTA NEW YORK CITY
2026-2027 Membership & Padel Program Application

1 RANDALL'S ISLAND, NEW YORK, NY 10035 | (212) 427-6150 | WWW.SPORTIMENY.COM/NYC | NYC@SPORTIMENY.COM

SCAN TO GO TO MEMBERSHIP LEVELS & TYPES

For Office Use Only: Prorated Dues 1st month:_____ Member #_____ Scan #1_____ Scan #2_____ Dues entered by: _____ Date:_____/_____/_____

This agreement (this "Agreement") is between SPORTIME Clubs, LLC (called SPORTIME℠ and/or Club) and the adult member(s)/responsible party(ies) (together, called Buyer, You, I, we, my, our, me, us and/or Member).

PLEASE SELECT MEMBERSHIP LEVEL(S) & TYPE(S)	☐ INDIVIDUAL TYPE		☐ COUPLE TYPE		☐ FAMILY TYPE	
PREMIUM PADEL MEMBERSHIPS	INITIATION FEE	MONTHLY DUES	INITIATION FEE	MONTHLY DUES	INITIATION FEE	MONTHLY DUES
☐ PLATINUM + PADEL	$750.00	$200.00	$750.00	$366.00	$750.00	$448.00
☐ PLUS - QUOGUE + PADEL (RIDER REQUIRED)	$750.00	$238.00	$750.00	$425.00	$750.00	$485.00
☐ PLUS - AMAGANSETT + PADEL (RIDER REQUIRED)	$750.00	$338.00	$750.00	$668.00	$750.00	$693.00
INITATION FEE(S) TOTAL						**$**
MEMBERSHIP DUES TOTAL: DRAFTED MONTHLY						**$**

RESPONSIBLE PARTY / MAIN MEMBER Please complete all fields and print clearly. Players must be active SPORTIME Members to participate in SPORTIME programs.

FIRST NAME | LAST NAME | DATE OF BIRTH | GENDER

EMAIL ADDRESS (REQUIRED) | MOBILE PHONE | HOME PHONE | BUSINESS PHONE | HOW DO YOU PREFER TO BE CONTACTED: ☐ PHONE ☐ EMAIL ☐ TEXT ☐ MAIL

STREET ADDRESS | ADDRESS 2 (APT #) | CITY | STATE | ZIP

SECONDARY ADDRESS (IF APPLIES) STREET ADDRESS | ADDRESS 2 (APT #) | CITY | STATE | ZIP

NAME OF MEMBER IF A MINOR, 2ND RESPONSIBLE PARTY OR 2ND ADULT MEMBER IF COUPLE. FOR FAMILY MEMBERSHIPS, PLEASE COMPLETE ON THE REVERSE

FIRST NAME | LAST NAME | DATE OF BIRTH | GENDER

IF MEMBER IS 13 OR OVER: EMAIL ADDRESS | MOBILE PHONE | HOME PHONE | BUSINESS PHONE | HOW DO YOU PREFER TO BE CONTACTED: ☐ PHONE ☐ EMAIL ☐ TEXT ☐ MAIL

HOW DID YOU HEAR ABOUT US?

☐ WEB ☐ PRINT AD ☐ SOCIAL MEDIA ☐ WORD OF MOUTH ☐ OTHER ☐ REFERRAL _____

PAYMENT AUTHORIZATION *By signing below:*

(A) I hereby request and authorize SPORTIME to charge my/our **total outstanding balance** (this includes current monthly membership dues and any and all Club charges) from my credit card each month. **Required for SPORTIME's Easy Payment Plan, which allows members to pay for SPORTIME programs and services with a deposit followed by two to six equal monthly payments** (varies by club and program/service purchased). I have furnished credit card information to SPORTIME below.

(B) I understand that it is my responsibility to ensure that SPORTIME has valid credit card account information on file, at all times, for as long as this Agreement is in effect. I have provided my current credit card information below. If this information changes, I agree to furnish updated information to SPORTIME immediately by email or by logging on to my SPORTIME online account using the user name and password provided to me.

(C) I understand that SPORTIME will charge my monthly payment on or about the first of each month and that membership dues are subject to change per the terms of this Agreement.

(D) I understand that I may cancel this authorization and/or my membership, subject to the Customer's Rights to Cancellation Additional Rights to Cancellation and the Membership Resignation Procedure set forth herein. I further acknowledge that if I cancel my membership, I will be subject to a reactivation fee if I rejoin SPORTIME thereafter.

(E) I would like to support the **Johnny Mac Tennis Project (JMTP)**, a 501(c)(3) organization that changes young lives by removing the economic and social barriers to success through tennis, by donating $_____ per month to JMTP, on an ongoing basis, and authorize JMTP to charge such charitable donation to my credit card provided below.

PAYMENT METHOD

CREDIT/DEBIT CARD NUMBER | EXPIRATION DATE | CVV | BILLING ZIP CODE

CREDIT CARD TYPE | NAME ON CREDIT CARD

_____ By initialing here, I/we consent to SPORTIME charging the monthly membership fees outlined above to the credit card provided. I/we understand that such charges will be recurring and will continue to be charged each month unless and until I/we cancel this Agreement pursuant to the cancellation terms herein.

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ADDITIONAL MEMBERS IF RESPONSIBLE PARTY(IES) WITH MULTIPLE MINOR CHILDREN OR FAMILY MEMBERSHIP

ADDITIONAL MEMBER 1: FIRST NAME	LAST NAME	DATE OF BIRTH	GENDER
RELATION TO MAIN MEMBER	EMAIL ADDRESS (IF PLAYER IS OVER 13)		MEMBERSHIP TYPE
ADDITIONAL MEMBER 2: FIRST NAME	LAST NAME	DATE OF BIRTH	GENDER
RELATION TO MAIN MEMBER	EMAIL ADDRESS (IF PLAYER IS OVER 13)		MEMBERSHIP TYPE
ADDITIONAL MEMBER 3: FIRST NAME	LAST NAME	DATE OF BIRTH	GENDER
RELATION TO MAIN MEMBER	EMAIL ADDRESS (IF PLAYER IS OVER 13)		MEMBERSHIP TYPE

PADEL PROGRAMS AND SERVICES

PLAYER INFORMATION Please complete all fields and print clearly. Players must be active SPORTIME Members to participate in SPORTIME programs.

PLAYER 1: FIRST NAME	LAST NAME		MOBILE PHONE
WPR RATING			
EMERGENCY CONTACT: FIRST NAME	LAST NAME	RELATION TO PLAYER	CONTACT NUMBER

ITEM DESCRIPTION 17 WEEK SESSION: 9/14/26 - 1/24/27 & 1/25/27 - 5/30/27 Off Dates: 12/21/26-1/3/27, 3/22/27-3/28/27	DURATION	17 WEEK COST	# SESSIONS	TOTAL
☐ Padel Instructional	2 Hours	$1,530.00	X	=$
☐ Padel Play In Clinic	2 Hours	$2,244.00	X	=$
☐ Padel Open Play	2 Hours	$1,530.00	X	=$
SUB-TOTAL GROUP PADEL PROGRAMMING				$
TOTAL PADEL GROUP PROGRAMS				$
PRIVATE PADEL LESSONS (PLEASE NOTE: PEAK HOURS: MON-FRI: 4PM-10PM, SAT & SUN: 8AM-6PM | OFF PEAK HOURS: MON-FRI: 6AM-4PM & 10PM-11PM, SAT & SUN: 6AM-8AM & 6PM-11PM				
☐ Private Lessons - Director	1 Hour	$4,250.00		=$
☐ Private Lessons - Master	1 Hour	$3,400.00		=$
☐ Private Lessons - Staff	1 Hour	$3,060.00		=$
TOTAL PRIVATE LESSONS				$
PRIVATE ATHLETIC TRAINING & SERVICES				
☐ Private Athletic Training - Elite	1 Hour	$7,694.00		=$
☐ Private Athletic Training - Master Plus	1 Hour	$6,731.00		=$
☐ Private Athletic Training - Master	1 Hour	$6,099.00		=$
TOTAL ATHLETIC TRAINING & SERVICES				$
SUB-TOTAL ALL				$
40% REQUIRED DEPOSIT				$
BALANCE DUE				$

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SCHEDULE SELECTION

GROUP TRAINING SESSIONS

Please check preferred days and times. You will be contacted by a SPORTIME/Padel Team if the days and times chosen are not compatible with your level.

☐ **17 - WEEK SESSION: 9/14/26 - 1/24/27** ☐ **17 - WEEK SESSION: 1/25/27 - 5/30/27**

OFF DATES: 12/21/26-1/3/27, 3/22/27-3/28/27

PADEL INSTRUCTIONAL

Ladies Introductory (WPR 0.0-6.0)

- ☐ Monday, 9:30am - 11:30am
- ☐ Monday, 12:00pm - 2:00pm
- ☐ Tuesday, 9:30am - 11:30am
- ☐ Wednesday, 9:30am - 11:30am
- ☐ Thursday, 9:30am - 11:30am

Development to Low Intermediate (WPR 0.0-5.0)

- ☐ Monday, 4:00pm - 6:00pm
- ☐ Tuesday, 4:00pm - 6:00pm
- ☐ Wednesday, 4:00pm - 6:00pm
- ☐ Thursday, 4:00pm - 6:00pm

PADEL OPEN PLAY

Intermediate (WPR 5.0-9.0)

- ☐ Monday, 6:00pm - 8:00pm
- ☐ Tuesday, 8:00pm - 10:00pm
- ☐ Wednesday, 6:00pm - 8:00pm
- ☐ Wednesday, 8:00pm - 10:00pm

Upper Intermediate (WPR 8.0-10.0)

- ☐ Monday, 8:00pm - 10:00pm

PADEL PLAY IN CLINIC

All Levels

- ☐ Thursday, 6:00pm - 8:00pm

SCHEDULE SELECTION

PRIVATE PADEL LESSONS* • Private Padel Lessons cancelled fewer than 48-hours in advance will be charged in full.	**LESSON 1 PREFERENCES** **DAY:** _____ **TIME:** _____ **COACH:** _____	**IF APPLICABLE, LESSON 2 PREFERENCES** **DAY:** _____ **TIME:** _____ **COACH:** _____
PRIVATE ATHLETIC TRAINING & SERVICES* • For Physical Therapy Services, please email Alex Morales, at alex@360pt.org • Private Athletic Training and Physical Therapy sessions cancelled fewer than 48-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.	**ATHLETIC TRAINING 1 PREFERENCES** **DAY:** _____ **TIME:** _____ **COACH:** _____	**IF APPLICABLE, TRAINING 2 PREFERENCES** **DAY:** _____ **TIME:** _____ **COACH:** _____

PAYMENT INFORMATION

☐ **CHECK HERE TO CHOOSE SPORTIME'S EASY PAYMENT PLAN (EPP) - FOR 34-WEEK PROGRAMS ONLY:** The SPORTIME EPP requires requires a 40% non-refundable deposit to reserve a space in any 34-week program commencing in September, with the remaining balance charged to member's credit card in three equal installments, on October 1, November 1 and December 1. For enrollment in SPORTIME programs 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 AutoPay, (A) under the Membership Dues Payment Authorization above, 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. If you did not choose Full AutoPay as your payment profile on your SPORTIME Membership Agreement, by choosing the EPP you hereby authorize SPORTIME to change such profile to Full AutoPay, effective immediately.

☐ **OPTION B: PAYMENT IN FULL BY FIRST DAY OF PLAY - REQUIRED FOR 17-WEEK PROGRAMS:** I understand that I must remit a 40% nonrefundable 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 in cash, and am not paying in full upon submitting this application, 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 and payable pursuant to this application.

IF YOU HAVE NOT CHOSEN THE SPORTIME EPP, PLEASE COMPLETE THE FOLLOWING:

☐ CREDIT CARD

☐ Please use this card: ☐ MC ☐ VISA ☐ AMEX ☐ DISCOVER

CARD NUMBER	CVC	EXPIRATION	BILLING ZIP CODE

CHECK OR CASH:

☐ CHECK #

☐ CASH

(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).

TERMS AND CONDITIONS - PLEASE READ

I/We understand, agree and consent that:

1. If any payment due and payable by Member to SPORTIME is not honored,
SPORTIME will assess a service fee to Member for each such dishonored payment.
2. If an outstanding balance due and payable by Member to SPORTIME is not paid when due, SPORTIME may charge the credit card account listed above for the full amount past due plus interest at the maximum monthly interest rate allowable by law.
3. If Member does not pay balances due and payable in accordance with the terms of this Agreement, or in accordance with contracts into which Member has entered with SPORTIME for SPORTIME programs, services and goods, SPORTIME may employ an attorney or collection agency to collect any dues, fees or other charges due to SPORTME by Member. Member will be charged for any and all collection costs incurred.
4. Membership dues and fees are non-refundable, except as set forth herein, and membership is non-transferable.
5. Monthly membership dues are subject to change at any time. A minimum of 30 days written notice, sent by email or by mail to Member's address provided above, will be given prior to any such change taking effect.
6. Membership is based on facility availability and not on Member's actual usage of such facility or on a Member's enrollment or participation in a SPORTIME program or service. Membership does NOT terminate automatically when a SPORTIME program or service in which Member participates terminates; membership may be canceled only as set forth in this Agreement. Failure to use the facilities provided, for any reason, and the termination of a SPORTIME program or service in which Member participates, will not release Member from Member's obligation to pay the full cost of membership until cancellation. Please note that if You cancel your membership, You will be subject to a reactivation fee upon rejoining SPORTIME.
7. Enrollment in SPORTIME programs and services is for the full session and no refunds will be given for withdrawals or absences after the sessions begins. SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED BY THE PARTICIPANT.
8. All private tennis lessons and training sessions purchased must be used by August 31, 2027.
9. PLUS and Platinum Membership discounts do not apply to transportation or cafe charges, and Platinum Membership discounts do not apply at SPORTIME Amagansett.
10. SPORTIME may assign any and all of its rights and obligations hereunder and Member hereby consents to any such assignment.
11. SPORTIME may utilize its facilities for special events, private parties, tournaments or other activities at any time at its sole discretion.
12. SPORTIME may close all or any part of its facilities for repairs or maintenance at any time and for as long a period as deemed necessary by SPORTIME. Advanced notice of such closures will be given to Member whenever possible.
13. SPORTIME is not responsible for Member's private or personal property lost, damaged or stolen on SPORTIME premises.
14. Certain SPORTIME memberships, e.g. Couples, Family and Corporate, provide for discounted membership fees when multiple individuals from the same family or corporation join SPORTIME together. If a Member who is part of a couples, family or corporate membership cancels Member's membership, the membership fees paid by the remaining Member of the couples membership, or the remaining members of a family or corporate membership, may be subject to adjustment.
15. Facilities, equipment, hours of operation, rules, regulations, policies and procedures may be changed by SPORTIME, at its sole discretion, at any time, without notice.
16. An additional fee may be charged for guests of Member in accordance with SPORTIME'S guest policy.
17. Member will abide by all rules and regulations which now exist or which may be hereafter adopted or amended by SPORTIME, including, but not limited to, those set forth in the SPORTIME Member Handbook which can be accessed on the SPORTIME Member Portal and at all Clubs. Memberships may be suspended or terminated by SPORTIME, without refund, for any reason not prohibited by federal, state or local law, including, but not limited to, the violation of SPORTIME's rules and regulations by members or their guests, the negligent damage to the Club or its facilities by members or their guests and/or conduct by members or their guests interfering with the enjoyment of the Club by other members.
18. Member may not solicit for any business on SPORTIME premises without the express written permission of SPORTIME.

LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE

1. I/We agree that there are certain inherent dangers in playing padel, tennis, pickleball, participating in fitness, sports and related activities, in using related equipment and machinery, and in using SPORTIME's transportation service. In consideration of being allowed to participate in the activities, programs and services of SPORTIME and to use its facilities, equipment and machinery, in addition to the payment of any fee or charge, to the fullest extent permitted by law, I/We do hereby waive, release and forever discharge SPORTIME and its partners, members, officers, agents, employees, representatives, executors and any others acting on their behalves, from any and all responsibility or liability arising from injuries or damage resulting from, or in any way arising out of or connected with my/our and/or my/our children's participation in any activities, programs and services of the Club or from my/our and/or/ my/our child/ren's use of its facilities, equipment and machinery.
2. I/We understand and agree that padel, tennis, pickleball, sports and fitness activities, including the use of related equipment and machinery, are potentially hazardous activities, which can potentially result in serious injury and even death. I/We and/or my/our child/ren am/are voluntarily participating in these activities and using the Club's equipment and machinery with knowledge of the dangers involved. I/We hereby agree to expressly assume and accept any and all risks of injury or death to me/us and/or my/our child/ren. In the case of accident or injury to me/us and/or my/our child/ren, and if an emergency contact person cannot be reached, I/We grant SPORTIME permission to obtain medical attention, if necessary, for which I /we will be financially responsible.
3. I/We do hereby further declare myself/ourselves/ and/or my/our children to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent my/our and/or my/our child/ren's participation in padel, tennis, pickleball, fitness and sports activities and/or my/our and/or my/our child/ren's use of related equipment and machinery. I/We do hereby acknowledge that I/We have been informed of the need for a physician to approve my/our and/or my/our child/ren's participation in such activities, and my/our and/or my/our child/ren's use of related equipment and machinery. I/We also acknowledge that the Club has recommended that I/We and/or my/our child/ren have an annual or more frequent physical examination and consultation with a physician so that I/We might have such Physician's recommendations concerning my/our and/or my/our child/ren's participation in such activities and use of such machinery and equipment. I/We acknowledge that I/We and/or my/our child/ren have either had a physical examination and been given my/our physician's permission to participate in padel, tennis, pickleball, sports and fitness activities and to use related equipment and machinery, or that I/We have decided to participate in such activities and to use such equipment and machinery, and/or to allow my/our child/ren to do so, without the approval of a physician, and do hereby assume all responsibility for my/our and/or my/our child/ren's participation in such activities and use of such equipment and machinery.
4. I/We understand and agree that SPORTIME retains the rights to any photographs or video taken of me/us and or my/our child/ren at SPORTIME facilities or at off-site SPORTIME programs or events, to be used for SPORTIME publicity, marketing, social media and advertising. I/we hereby authorize SPORTIME to contact me/us by phone, email and/or text message, and agree that by providing an email address(es) for my/our minor child(ren) ages 13 and above, I /We authorize SPORTIME to contact him/her/them directly at such address(es). SPORTIME's Privacy Policy can be viewed at: https://www.SPORTIMEny.com/privacy.

CONSUMER'S RIGHT TO CANCELLATION

YOU MAY CANCEL THIS CONTRACT WITHOUT PENALTY OR FURTHER OBLIGATION WITHIN THREE (3) BUSINESS DAYS FROM THE RECEIPT BY THE BUYER OF A COPY OF THIS WRITTEN CONTRACT. Notice of cancellation shall be in writing subscribed by the Buyer and received by SPORTIME by United States mail to SPORTIME at: P. O. Box 326, Kings Park NY 11754, by email to help@sportimeny.com, through the SPORTIME Online Member Portal, by telephone at 212-427-6150 or by hand delivery to a SPORTIME Club.

Such notice, if by mail or hand delivery, shall be accompanied by the contract forms, membership cards and any other documents or evidence of membership previously delivered to the Buyer, and if by email, through the SPORTIME Online Member Portal or by telephone, such contract forms, membership cards and any other documents or evidence of membership previously delivered to the Buyer shall be mailed to the address above, or hand-delivered to a SPORTIME club, within five (5) business days

All moneys paid pursuant to the terms of this Agreement canceled for the reason above shall be refunded within ten (10) business days of receipt of such notice of cancellation. If the Buyer has executed any credit or loan agreement to pay for all or part of club services, any such negotiable instrument executed by the Buyer shall also be returned within ten (10) business days.

TERMS AND CONDITIONS - PLEASE READ

ADDITIONAL RIGHTS TO CANCELLATION,

You may also cancel this Agreement for any of the following reasons:

1. If upon a doctor's order You cannot physically receive the service because of significant disability for a period in excess of three (3) months.
2. If You die, your estate shall be relieved of any further obligation for payment under the contract not then due and owing.
3. If You move your residence more than twenty-five miles from any club operated by SPORTIME.
4. If SPORTIME services cease to be offered as stated in this Agreement.

All moneys paid pursuant to the terms of this Agreement canceled for the reasons above shall be refunded within ten (10) business days of receipt of such notice of cancellation; provided however that SPORTIME may retain the expenses incurred and the portion of the total price representing the services used or completed, and further that SPORTIME may demand the reasonable cost of goods and services which the Buyer has consumed or wishes to retain after cancellation of the agreement. In no instance shall SPORTIME demand more than the full price from the Buyer. If the Buyer has executed any credit or loan agreement to pay for all or part of health club services, any such negotiable instrument executed by the Buyer shall also be returned within ten (10) business days.Cancellations shall take effect no later than three (3) business days after SPORTIME's receipt of Buyer's notice of cancellation.

MEMBERSHIP RESIGNATION PROCEDURE

Other than as set forth above under Consumer Rights to Cancellation, You may cancel your SPORTIME membership within three (3) business days following your incurrence of the monthly membership fee, unless your membership is subject to an annual commitment, in which case You may cancel your SPORTIME membership within fifteen (15) days following the annual renewal date. The notice of resignation must be in writing, subscribed by the Buyer and received by SPORTIME by United States mail at P. O. Box 326, Kings Park NY 11754, by email to help@sportimeny.com, through the SPORTIME Online Member Portal, by telephone at 212-427-6150 or by hand delivery to a SPORTIME Club. Such notice, if by mail or by hand delivery, shall be accompanied by the contract forms, membership cards and any other documents or evidence of membership previously delivered to the Buyer, and if by e-mail, through the SPORTIME Online Member Portal or by telephone, such contract forms, membership cards and any other documents or evidence of membership previously delivered to the Buyer shall be mailed to the address above, or hand-delivered to a SPORTIME club within, five (5) business days.

IMPORTANT NOTICE

New York State law requires certain health clubs to post a bond or other financial security to protect members in the event that such clubs close. With respect to the location referenced above, SPORTIME has posted any financial security required by law. YOU MAY ASK A REPRESENTATIVE OF THE CLUB FOR PROOF OF THE CLUB' S COMPLIANCE WITH THIS LAW. YOU MAY ALSO OBTAIN THIS INFORMATION FROM THE NEW YORK STATE DEPARTMENT OF STATE, DIVISION OF LICENSING SERVICES, 162 WASHINGTON AVENUE, ALBANY, N.Y. 12231.

BY SIGNING THIS AGREEMENT, I/WE HAVE READ THE ENTIRE AGREEMENT, INCLUDING, BUT NOT LIMITED TO, THE TERMS AND CONDITIONS, AND THE LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE, AND I/WE AGREE TO BE BOUND BY ITS TERMS

MAIN MEMBER PRINT NAME	SIGNATURE	DATE
COUPLES MEMBERSHIP (IF APPLICABLE) PRINT NAME	SIGNATURE	DATE
SPORTIME AUTHORIZED SIGNATURE	TITLE	DATE

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