

SPRING SEASON - Friday, September 25, 2026 - Sunday, November 29, 2026

Captain Information Please complete all fields and print clearly.

CAPTAIN: FIRST NAME		LAST NAME		DATE OF BIRTH		GENDER	
						☐ FEMALE ☐ MALE ☐ OTHER	
CAPTAIN EMAIL ADDRESS (IF 13 AND OVER)		CAPTAIN MOBILE NUMBER		TEAM NAME			
STREET ADDRESS		ADDRESS 2		CITY	STATE	ZIP	HOME PHONE
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 per Team. Official referees, and live-streaming and commentating costs included within program registration

ITEM DESCRIPTION	COST	TOTAL
☐ Men's 37+ Category	\$2,200.00	
☐ Men's Open	\$1,800.00	
PAYMENT IN FULL IS DUE UPON REGISTRATION, OR INSTALLMENTS UNTIL 4th GAME WEEK. No refunds or cancellations after 1st day of play.		

Payment Information Please select your Payment Method and Agree to Payment Terms.

CREDIT CARD		CHARGE TO ACCOUNT	
☐ I authorize SPORTIME to charge my credit card on file.		☐ I understand that I need a guaranteed form of payment on file, and I authorize SPORTIME to use it for payment(s) due.	
☐ 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.		CHECK OR CASH	
		☐ CHECK # _____ ☐ CASH	AMOUNT
		Payment in full is required.	

PAYMENT, LIABILITY 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, 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 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 accept that no refunds will be given for withdrawals or for unused program sessions. 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 hereby authorize SPORTIME to contact me by phone, email and/or text message. I understand and agree that SPORTIME retains the rights to any photographs or video taken of me 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>.

CAPTAIN SIGNATURE

DATE