



SPORTIME Capital Region
 2699 Curry Road, Schenectady, NY 12303
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 www.SportmeNY.com/CapitalRegion | CRTennis@sportimemy.com

TENNIS WHIZZ

Fall 2026 Program Application

NEW MEMBER EXISTING MEMBER EXISTING MEMBER W/CHANGES

- Fall 9-Week Session 1:** Mon, Sept 14, 2026 - Wed, Nov 18, 2027 **9-Week Session 2:** Mon, Nov 9, 2026 - Sun, Feb 7, 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. MEMBERSHIP IS NOT REQUIRED				
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:	
<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	DURATION	1 CLASS/WEEK	2 CLASSES/WEEK	# SESSIONS	TOTAL
<input type="checkbox"/> Tennis Whizz: Ages 3-5	45 Min	\$280.00	\$500.00		
TOTAL BALANCE DUE IN FULL AT TIME OF REGISTRATION					\$

Schedule Selection Please check boxes that apply.

BOUNCE - 45 MINUTES
<input type="checkbox"/> Mon: 3:15pm - 4:00pm
<input type="checkbox"/> Tues: 3:15pm - 4:00pm
<input type="checkbox"/> Thur: 3:15pm - 4:00pm
<input type="checkbox"/> Sat: 9:15am - 10:00am

<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	
(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).					

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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