



SPORTIME Lake Isle
 660 White Plains Road, Eastchester, NY 10709
 TEL: 914-777-5151 | FAX: 914-337-4820
 www.SportimeNY.com/Lakelsle | EMAIL: jfintak@sportimeny.com

SPORTIME Adult Pickleball
Winter 2025 Adult Clinic Program Application

NEW MEMBER EXISTING MEMBER EXISTING MEMBER W/CHANGES

Winter 13-Week Session: Sunday, January 12, 2025 - Sunday, April 13, 2025 - OFF February 15, 2025 - February 21, 2025

PLAYER INFORMATION Please complete all fields and print clearly.

PLAYER: FIRST NAME		LAST NAME		DATE OF BIRTH		GENDER	
						<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NON-BINARY	
EMAIL ADDRESS (REQUIRED)							
STREET ADDRESS		ADDRESS 2		CITY		STATE	ZIP
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	

Program Costs 6 Players per group

ITEM DESCRIPTION	WEEKS	MEMBER	NON-MEMBER	TOTAL
<input type="checkbox"/> Beginners Clinic Level 2.0-2.5: Tuesdays: 10:00am-11:00am	13 Weeks	\$500.00	\$625.00	
<input type="checkbox"/> Advanced Beginners Clinic Level 2.5-3.0: Mondays: 11:30am-12:30pm	13 Weeks	\$500.00	\$625.00	
<input type="checkbox"/> Advanced Beginners Clinic Level 2.5-3.0: Wednesdays: 3:00pm-4:00pm	13 Weeks	\$500.00	\$625.00	
<input type="checkbox"/> Intermediate Clinic Level 3.0-3.5: Mondays: 8:00pm-9:00pm	13 Weeks	\$500.00	\$625.00	
TOTAL				
BALANCE DUE				

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

CREDIT CARD

I authorize SPORTIME to bill my credit card on file. Please use this card: MC VISA AMEX DISCOVER

CARD NUMBER	EXPIRATION	<input type="checkbox"/> Select to make this your guaranteed form of payment on file.	

CHECK OR CASH

You must have a credit card on file if you are not paying the full amount. CHECK CASH

IF CHECK, NO.	AMOUNT

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 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 pickleball 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 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. I also understand that membership is required for participation in certain SPORTIME programs.** 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. I also understand that membership is required for participation in certain SPORTIME programs. 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_policy.php. If the named participant's email address is provided above, I authorize SPORTIME to contact the named participant at such address directly. SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED BY THE NAMED PARTICIPANT, and any make-up authorized must be completed by August 31st of the session year.

AUTHORIZED SIGNATURE: _____ **DATE:** _____

Register Today!

Complete this application and return with required payment by mail, fax or email, or register conveniently online:

SPORTIME Lake Isle

Mail: 660 White Plains Road, Eastchester, NY 10709

Fax: 914-337-4820 | **Register Online:** www.SportimeNY.com/Lakelsle

Questions? Contact Lake Isle Pickleball Director, Jonathan Fintak **Phone:** 914-777-5151 | **Email:** jfintak@sportimeny.com