## SPORTIME Harbor Island PO Box 783, In Harbor Island Park, Mamaroneck, NY 10543 TEL: 914-777-5050 | FAX: 914-835-3657 www.SportimeNY.com/HarborIsland | EMAIL: mdalpont@sportimeny.com

SPORTIME TENNIS PROGAMS

2024 Private/Semi-Private Application

☐ EXISTING MEMBER ☐ NEW MEMBER

## SUMMER TENNIS PROGRAM SEASON: JUNE 24, 2024 - SEPTEMBER 1, 2024

Player Information Please complete al	ll fields and print cl	early.							
PLAYER: FIRST NAME	LAST NAME					DATE OF BIRTH		GENDER	
PLAYER EMAIL ADDRESS (IF 13 AND OVER) PLAYER MOBILE NUMBER (IF			F 13 AND OVER)	3 AND OVER)			ADE ENROLLEI	D SEPT	
STREET ADDRESS	ADDRESS 2		CITY		STATE	ZIP		HOME F	PHONE
PARENT/GUARDIAN 1: FIRST NAME	LAST NAME		MOBILE PH	IONE	EMAIL	ADDRESS (REQUI	RED)		
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	J HEAR ABOUT US? Mouth ☐ Mail	□Web	□ Instagram	☐ Facebook	□ Twitter	☐ Print Ad	☐ Referral
Program Costs - For Information Regard	ling Semi-Private Le	essons, Please Co	ntact Us. All Les	sons Mu	st be Used by	September 1	st.		
ITEM DESCRIPTION			WEEK	s .!	5 HOUR COST	1HR CC	OST	# SESSIONS	TOTAL
☐ Private Lessons - Director of Tennis			10 Wee	eks	\$1,000.00	\$1,700	.00		
☐ Private Lessons - Director			10 Wee	eks	\$950.00	\$1,600.00			
☐ Private Lessons - Master			10 Wee	eks	\$900.00	\$1,500.00			
□ Private Lessons - Senior			10 Wee	eks	\$825.00	\$1,400.00			
☐ Private Lessons - Staff			10 Wee	ks	\$800.00	\$1,350	.00		
PROGRAM TOTAL									
Schedule Selection 10-Week Session									
PRIVATE LESSON PREFERENCES									
Preferred Day/Time (1)			Preferred Coach						
Preferred Day/Time (2)	Preferred Coach								
Preferred Day/Time (3)	Preferred Coach								
Payment Information Please select yo	our Payment Meth	nd and Agree to P	Payment Terms						
CREDIT CARD	our rayment ween		PAYMENT, LIAB	ILY WAI	VER, ASSUMP	TION OF RIS	K AND RE	ELEASE AND	OTHER TERMS
☐ I authorize SPORTIME to charge my credit card on file.			By signing below I agree that I am the parent or legal guardian of the named participant, or that I am the named participant, and that I/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						
☐ Please use this card: ☐ MC ☐ VISA	□ AMEX □ DIS	COVER	programs, services and loss sustained by me or	activities, a the named	nd that SPORTIME s participant in, on or	hall not be liable for about the premis	or any persona es of SPORTIM	Il injuries, property IE, or arising out o	damage, or other f the use or intended
CARD NUMBER	EXPI	RATION	use of any facilities, equipment or other property of SPORTIME. I hereby further declare myself/the named participant to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent his/her/ my participation in SPORTIME programs, services and activities. In the case of accident or injury to me/the named participant, and if an emergency contact person cannot be reached, I grant SPORTIME permission to obtain medical attention, if necessary					ald prevent his/her/ e named participant,	
☐ Check here to make this your guaranteed form of payment on file.			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 SPORTIME programs. SPORTIME reserves the right to cancel this contract at any time, at its sole discretion,						
CHARGE TO ACCOUNT			and SPORTIME's sole li to close courts for repa	ability shall b	be to refund any am	ounts previously p	aid on a pro-ra	ata basis. SPORTIM	E reserves the right
☐ I understand that I need a guaranteed for authorize SPORTIME to use it for payme	file, and I	taken of me/us and/or 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 is a minor and 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 PARTICIPANT.							
CHECK OR CASH			INIMAL-OF 3 FOR CLASSE	O IVIIOSED BI	THE FAMILIFANT.				
□ CHECK # □ CAS	SH		PARENT/GUARDIAN	SIGNATURE				DATE	
Payment in full is required									