SPORTIME SCHENECTADY
2699 Curry Road, Schenectady, NY 12303
TEL: 518-356-0100 **FAX:** 518-356-4797 www.SportimeNY.com/Schenectady

SPORTIME SUMMERPROGRAM
2018 Summer Program Application

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

PLAYER INFORMATION

☐ NEW MEMBER ☐ EXISTING MEMBER ☐ EXISTING MEMBER W/CHANGES

PLAYER FIRST NAME | PLAYER LAST NAME

DATE OF BIRTH | GENDER ☐ MALE ☐ FEMALE | SCHOOL ENROLLED SEPTEMBER 2017 | GRADE

USTA NUMBER | UNIVERSAL TENNIS RATING (UTR) NUMBER | NATIONAL RANKING | SECTIONAL RANKING

HEALTH / ALLERGIES / RESTRICTIONS (IF ANY)

PARENT / GUARDIAN FIRST NAME | PARENT / GUARDIAN LAST NAME

EMAIL ADDRESS (REQUIRED) | HOW DO YOU PREFER TO BE CONTACTED? ☐ PHONE ☐ EMAIL ☐ TEXT

STREET ADDRESS | CITY | STATE | ZIP

HOME PHONE | BUSINESS PHONE | CELL PHONE

EMERGENCY CONTACT NAME | RELATION TO PLAYER | EMERGENCY PHONE

HOW DID YOU HEAR ABOUT US? ☐ WORD OF MOUTH ☐ MAIL ☐ WEB ☐ SOCIAL MEDIA AD_____ ☐ REFERRAL_____

PROGRAM COSTS COSTS ARE FOR 10 WEEKS. COSTS ARE PER PERSON

JUNIOR PROGRAMS	COST	
☐ SPORTIME U10 - Red One	$149	$_____
☐ SPORTIME U10 - Red Two	$249	$_____
☐ SPORTIME U10 - Orange One	$249	$_____
☐ SPORTIME U10 - Orange Two	$249	$_____
☐ Junior TK - Green	$279	$_____
☐ Junior TK - Yellow	$409	$_____
☐ EXCEL - Green	$409	$_____
☐ EXCEL - Yellow	$409	$_____
ATK ADULT		
☐ ATK Beginner	$329	$_____
☐ ATK Learn & Play	$329	$_____
☐ ATK Elite	$329	$_____
☐ ATK Custom Clinic*	$329	$_____

*Custom programs allow you to choose your pro, day and time. Groups must have a minimum of 4 players.

LIABILITY WAIVER AND ASSUMPTION OF RISK AND RELEASE

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 acknowledge and agree that there are certain inherent dangers in playing tennis 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 his/her participation in SPORTIME programs, services and activities. In the case of 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. SPORTIME reserves the right to close courts for repair or alterations. SPORTIME reserves the right to cancel this contract at any time, at its sole discretion, and management's sole liability shall be to refund any amounts previously paid on a pro-rata basis. SPORTIME retains the rights to any photographs or video taken at the facility to be used for publicity or advertising. SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED BY THE PARTICIPANT, and any make-up authorized must be completed by September 2, 2018.

PARENT / GUARDIAN SIGNATURE | DATE

REGISTER TODAY!

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

Mail: SPORTIME Schenectady, 2699 Curry Road, Schenectady, NY 12303
Fax: 518-356-4797
Online: www.SportimeNY.com/Schenectady
Questions? Please contact us at 518-356-0100 or email Philippe Ceas at **pceas@sportimeny.com**.

SESSION SCHEDULE

- 10-Week Session: 6/25/18 - 9/02/18

SCHEDULE SELECTION

SPORTIME U10 - RED ONE
☐ Wed: 4:30 PM - 5:00 PM

SPORTIME U10 - RED AND ORANGE
☐ Wed: 5:00 PM - 6:00 PM

JUNIOR TK - GREEN
☐ Wed: 5:00 PM - 6:00 PM

JUNIOR TK - YELLOW
☐ Wed: 6:00 PM - 7:30PM

EXCEL GREEN
☐ Wed: 6:00 PM - 7:30PM

EXCEL YELLOW
☐ Wed: 6:00 PM - 7:30PM

ATK - ADULT BEGINNER-LEARN&PLAY, ELITE
☐ Thurs: 6:00 PM - 7:30 PM

PRIVATE LESSONS
Scheduled with personally with pro for one at a time or save 5% with a prepaid13 lesson value pack.
Please note, the 48 hour cancelation policy for scheudle lessons.

CUSTOM
Preferred Day/Time 1: _____

Preferred Day/Time 2: _____

PAYMENT INFORMATION

PAYMENT AMOUNT

PAYMENT METHOD:

☐ CASH ☐ CHECK PAYABLE TO SPORTIME

☐ BANK ACCOUNT: I authorize SPORTIME to deduct from the following account.

BANK NAME | ABA NUMBER

BANK ACCOUNT NUMBER

☐ CHARGE TO MY ACCOUNT: I authorize SPORTIME to charge my credit card on file.

☐ CREDIT CARD: I authorize SPORTIME to charge the credit card below.

☐ MC ☐ Visa ☐ AMEX ☐ Discover

CREDIT CARD NUMBER | EXPIRATION

☐ Please make this credit card my card on file.

I understand that this application must be accompanied by the required, non-refundable payment to confirm registration. If my account is not paid as required, I consent that SPORTIME may charge my checking account/credit card on file for the full amount past due plus a late fee. 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. Under no circumstances will the deposit be refunded. **I understand that membership is required for participation in SPORTIME programs.**

PARENT / GUARDIAN SIGNATURE | DATE