



SPORTIME Roslyn
1 Landing Road, Roslyn, NY 11576
TEL: 516-484-9222 | TEXT: 516-464-0306
www.SportimeNY.com/Roslyn

Adult Tennis Programs & Leagues 2025-2026 Program Application

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

PROGRAMS: ☐ **Fall 17-Week Session:** Wed, Sept 10, 2025 - Fri, Jan 30, 2026
LEAGUES: ☐ **Fall 16-Week Session:** Wed, Sept 10, 2025 - Fri, Jan 23, 2026

☐ **Full 34-Week Session:** Wed, Sept 10, 2025 - Fri, June 19, 2026
☐ **Full 32-Week Session:** Wed, Sept 10, 2025 - Fri, Jun 5, 2026

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

PLAYER: FIRST NAME		LAST NAME		DATE OF BIRTH		GENDER	
						<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER	
EMAIL ADDRESS (REQUIRED)		NTRP RATING		DO YOU PLAY USTA?		PLAYER UNIVERSAL TENNIS RATING	
				<input type="checkbox"/> YES <input type="checkbox"/> NO			
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	
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	17 WEEKS	34 WEEKS	# SESSIONS	TOTAL
<input type="checkbox"/> Adult - After Work Program	1.5 Hour	\$1,125.00	\$2,095.00		
<input type="checkbox"/> Adult - Group Lessons (based on 4 players)	1.5 Hour	\$1,325.00	\$2,395.00		
<input type="checkbox"/> Road to Nationals	1.5 Hour	\$1,250.00	\$2,295.00		
<input type="checkbox"/> Road to Nationals	2 Hour	\$1,550.00	\$2,725.00		
<input type="checkbox"/> SPORTIME Launch - up to 5 players	1 Hour	\$850.00	N/A		
<input type="checkbox"/> SPORTIME Launch -up to 5 players	1.5 Hour	\$1,095.00	N/A		
ITEM DESCRIPTION	DURATION	16 WEEKS	32 WEEKS	# SESSIONS	TOTAL
<input type="checkbox"/> Leagues - Women's Doubles	1.5 Hour	\$595.00	\$925.00		
ITEM DESCRIPTION	DURATION	MEMBERS	NON-MEMBERS	# SESSIONS	TOTAL
<input type="checkbox"/> The Nighttime Zone - PER DIEM	1.5 Hour	\$55.00	\$70.00		
TOTAL					
DEPOSIT: Required 40% deposit.					
BALANCE DUE					

Schedule Selection Please check boxes that apply. For a list of 'No Play' dates, please visit us online.

ADULT GROUP LESSONS Preferred Day/Time (1) Preferred Coach Preferred Day/Time (2) Preferred Coach	ROAD TO NATIONALS - 1.5 HOUR <input type="checkbox"/> 3.0-3.5 Wed: 9:30am - 11:00am <input type="checkbox"/> 3.0-3.5 Fri: 9:00am - 10:30am <input type="checkbox"/> 3.5-4.0 Thur: 9:30am - 11:00am <input type="checkbox"/> 3.5-4.0 Mon: 10:00am - 11:30am <input type="checkbox"/> 4.5 Fri: 9:30am - 11:00am	THE NIGHTTIME ZONE - 1.5 HOUR <input type="checkbox"/> Tues: 8:00pm - 9:30pm <input type="checkbox"/> Wed: 8:00pm - 9:30pm <input type="checkbox"/> Thur: 8:00pm - 9:30pm
THE SPORTIME LAUNCH 2.5-3.0 Preferred Day/Time (1) Preferred Coach Preferred Day/Time (2) Preferred Coach		ROAD TO NATIONALS - 2 HOUR <input type="checkbox"/> Tues: 10:30am - 12:30pm
LEAGUES - 1.5 HOUR <input type="checkbox"/> Women's Doubles 3.0-3.5 Mon: 11:00am - 12:30pm <input type="checkbox"/> Women's Doubles 4.0 USTA Thur: 10:30am - 12:00pm		AFTER WORK PROGRAM - 1.5 HOUR <input type="checkbox"/> Tues: 8:00pm - 9:30pm <input type="checkbox"/> Wed: 8:00pm - 9:30pm <input type="checkbox"/> Thur: 8:00pm - 9:30pm

Register Today! Complete both sides of this application and return with the required deposit by mail, email, text or register conveniently online.
See more information on the reverse.



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Payment Information Please select your payment method:

<input type="checkbox"/> CREDIT CARD			
<input type="checkbox"/> I authorize SPORTIME to bill my credit card on file.		<input type="checkbox"/> Please use this card: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER	
CARD NUMBER	EXPIRATION	CVV	ZIP
<input type="checkbox"/> Select to make this your guaranteed form of payment on file.			
<input type="checkbox"/> CHECK OR CASH			
You must have a credit card on file if you are not paying the full amount.		<input type="checkbox"/> CHECK <input type="checkbox"/> CASH	IF CHECK, NO. AMOUNT

Payment Plan Please choose one of the options below:

- ☐ **OPTION A: SPORTIME'S EASY PAYMENT PLAN** The SPORTIME Easy Payment Plan (EPP) requires a 40% non-refundable deposit to reserve a space in any SPORTIME program, with the remaining balance charged to a member's valid credit card as follows:
- For 8-13 week programs, remaining balance to be drafted on the first of the month following the month during which the program commences;
 - For 15-18 week programs, remaining balance to be drafted in three (3) equal installments, on October 1, November 1 and December 1; or
 - For 34 -36 programs, remaining balance to be drafted in six (6) equal installments on October 1, November 1, December 1, January 1, February 1 and March 1.
- For enrollment in any SPORTIME program after August 31st, the amount of any installment payment due, per the schedule above, will be due and payable in addition to the deposit. EPP participants MUST enroll in Full Auto Pay, thereby authorizing SPORTIME to draft all club charges due on a monthly basis, including membership dues, pro shop charges and per diem court time, from such credit card or bank account. **If I did not choose Full Auto Pay as my payment profile on my SPORTIME Membership Agreement, by choosing the EPP, I am hereby authorizing SPORTIME to change such profile to Full Auto Pay, effective immediately.**
- ☐ **OPTION B: PAYMENT IN FULL BY FIRST DAY OF PLAY** I understand that if I do not choose the EPP described above, I must remit a 40% non-refundable deposit along with this application to confirm registration, and that the remaining balance must be paid in full by the first day of play. I further understand and agree that if I am paying by check or by cash, and am not paying in full upon submitting this application, that I must provide a valid credit card as a guaranteed form of payment on file, and that SPORTIME is authorized to charge that card for any balance due.

Liability Waiver, Assumption of Risk and Release and Other Terms:

By signing below 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 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 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 an accident or injury to me, 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 close courts for repair or alterations. 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 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_policy.php. SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED, and any make-up authorized must be completed by August 31st of the session year.

AUTHORIZED SIGNATURE:

DATE:

Membership is required for all programs and does not end when programs end.

Register Today!

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--If you have questions, please contact: Roslyn Director of Adult Programs, Jordan Kotzagiannidis Email: jordan@sportimeny.com
OR Roslyn League Director, Jerilyn Jud Email: jjud@sportimeny.com