

SPORTIME AMAGANSETT

2021 TENNIS, SPORTS & SWIM LESSONS

PRIVATE TENNIS, PICKLEBALL, SWIM,
BASKETBALL, ROLLER HOCKEY, VOLLEYBALL & SOCCER

ON-SITE TENNIS LESSONS DETAILS	PRIVATE & SEMI PRIVATE			GROUP	
	.5 HOUR	1 HOUR	1.5 HOUR	1 HOUR	1.5 HOUR
with Patrick McEnroe (by appointment only)	n/a	\$350	\$525	\$420	\$630
with Brian Helm	\$165	\$275	\$412	\$330	\$495
with Hana Sromova	\$150	\$250	\$375	\$300	\$450
with Shenay Perry	\$135	\$225	\$338	\$270	\$405
with Gui Jasmin / Denis Porcic / Nandor Solymosi / Nelson Escobar	\$124	\$205	\$307	\$246	\$369
with Master-Plus Pro	\$110	\$185	\$278	\$222	\$333
with Master Pro	\$105	\$175	\$262	\$210	\$315
with Senior Pro	\$96	\$160	\$240	\$192	\$288
with Staff Pro	\$90	\$150	\$225	\$180	\$270

A non-member surcharge of \$20 for adults (18+) will be assessed for private and semi-private lessons. The group rate applies to three or more students sharing a lesson; a non-member surcharge of \$15 per adult student will be assessed. **If a lesson is cancelled less than 48 hours in advance, or if a "no-show" occurs, the student/s will be charged the full lesson fee.**

*Group Lessons require 3 or more players.

OFF-SITE TENNIS LESSONS DETAILS	PRIVATE & SEMI PRIVATE		
	.5 HOUR	1 HOUR	1.5 HOUR
with Brian Helm	n/a	\$412	\$550
with Hana Sromova	n/a	\$375	\$500
with Shenay Perry	n/a	\$338	\$450
with Gui Jasmin / Denis Porcic / Nandor Solymosi / Nelson Escobar	n/a	\$307	\$410
with Master-Plus Pro	n/a	\$278	\$370
with Master Pro	n/a	\$262	\$350
with Senior Pro	n/a	\$240	\$320
with Staff Pro	n/a	\$225	\$300

ON-SITE SPORTS & SWIM LESSONS DETAILS	PRIVATE & SEMI PRIVATE		
	.5 HOUR	1 HOUR	1.5 HOUR
Pickleball	n/a	\$150	\$225
Swim**	\$85	\$150	n/a
Basketball	n/a	\$150	\$225
Roller Hockey/Inline Skating	n/a	\$150	\$225
Volleyball	n/a	\$150	\$225
Soccer	n/a	\$150	\$225
Physical Fitness for Tennis (Adults/Youth)	n/a	\$150	n/a

**Off-Site available.



(631) 267-3460  



SPORTIME Amagansett, JMTA Hamptons
 320 Abrahams Path, PO Box 778, Amagansett, NY 11930
 TEL: (631) 267-3460 | FAX: (631) 267-1082
 www.SportimeNY.com/Amagansett | EMAIL: Amagansett@SportimeNY.com

SPORTIME AMAGANSETT Tennis & Sports Lessons Summer 2021

NEW MEMBER EXISTING MEMBER

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		
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? _____								

PAYMENT INFORMATION Please choose one of the options below:

As a Club member with house charge privileges, I hereby consent that if full payment is not received when due, the Club may charge the credit card listed above, or my credit card on file, for the full balance due. Club members without house charge privileges and non members must pay in full upon submitting this application. By signing below I agree that I am the named participant, or the parent or legal guardian of 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, in athletic training 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/ 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 myself/the named participant to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent my/his/her 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, for which I will be financially responsible. **I understand that if a lesson is not canceled at least 48 hours in advance, or if a "no-show" occurs, I am responsible for payment of the full lesson fee.** SPORTIME reserves the right to close courts for repair or alterations. I understand and agree that SPORTIME retains the rights to any photographs or video 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.

CREDIT CARD		BANK ACCOUNT	
<input type="checkbox"/> I authorize SPORTIME to bill my credit card on file.		<input type="checkbox"/> I authorize SPORTIME to deduct payment(s) from this account.	
<input type="checkbox"/> Please use this card: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER		BANK NAME	
CARD NUMBER	EXPIRATION	ACCOUNT NUMBER	ROUTING NUMBER
<input type="checkbox"/> Select to make this your guaranteed form of payment on file.		<input type="checkbox"/> Select to make this your guaranteed form of payment on file.	
CHARGE TO ACCOUNT		CHECK OR CASH	
<input type="checkbox"/> I understand that I need a guaranteed form of payment on file, and I authorize SPORTIME to use it for payment(s) due.		<input type="checkbox"/> CHECK # _____ <input type="checkbox"/> CASH	AMOUNT
		You must have a credit card on file if you are not paying the full amount.	

LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE AND OTHER TERMS

By signing below I agree that I am the named participant, or the parent or legal guardian of 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, in athletic training 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/ 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 myself/the named participant to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent my/his/her 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, for which I will be financially responsible. I understand and agree that SPORTIME retains the rights to any photographs or video 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 his/her email address is provided, I authorize SPORTIME to contact him/her at such address directly.

AUTHORIZED SIGNATURE: _____ **DATE:** _____

Register Today!

Complete both sides of this application and return with required deposit by mail, fax or email:
SPORTIME Amagansett/JMTA Hamptons, Mail: 320 Abrahams Path, PO Box 778, Amagansett, NY 11930 **Fax:** 631-267-1082
Phone: 631-267-3460 | **Email:** Amagansett@SportimeNY.com