Party Theme

The Birthday boy/girl will spend his/her birthday playing soccer, floor hockey, kickball, baseball, football, dodgeball, pickleball or a multi-sport combination of his/her favorites. (Pool parties are available in the summer, Memorial Day to Labor Day only.)

Party Schedule

Birthday parties take place on weekends and are 90minutes long, but can be extended for an additional fee. Children spend one hour playing all of their favorite sports and one half-hour celebrating in our party room.

All Parties Include

SPORTIME supplies a state-of-the-art, climate controlled multi-sport facilty, qualified teachers and coaches, (and lifeguards for pool parties) all sports equipment, and all party paper goods.

*Party programs and services vary at each SPORTIME location.

All Parties Include

SPORTIME supplies pizza (one slice per child) and juice or soda for each child. Parents are responsible for supplying the cake and candles. *Catering options are also available

Party Venues

SPORTIME Schenctady features six indoor hard surface courts, eight outdoor Har Tru courts, five pickleball courts, a fitness center, a group exercise studio, clubhouse, party room space, outdoor pool and pool house. All courts have ample viewing room to watch kids play and have fun. The club is open year round and is suited to kids of all ages.

Party Costs

MULTI-SPORT PARTIES

- Members \$325 / 12 children \$10 / add'l child
- Non-Members \$350 / 12 children \$10 / add'l child

*Please note: Tax will be added to party balance, and Gratuities are not included



SPORTIME Schenectady, 2699 Curry Road, Schenectady, NY 12303 TEL: 518-356-0100 FAX: 518-356-4797 www.SportimeNY.com/Schenectady / email: dking@sportimeny.com



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SPORTIME Multi-Sport Parties Party Application

In order for this application to be processed, please complete all required information and return the required deposit. Please print clearly.

complete the following application. You and your child can choose which activity or activities	,		
would like included in the party. ☐ Soccer ☐ Baseball ☐ Pickleball ☐ Dodgeball ☐ Floor Hockey ☐ Football ☐	Baseball ☐ Tennis ☐ Pool	* Additional \$75 fee	
,		riduitional \$75 fee La other.	
RESPONSIBLE PARTY INFORMATION Please complete all fields and print clear PARENT/GUARDIAN FIRST NAME LAST NAME	arly.		GENDER
			☐ FEMALE ☐ MALE
STREET ADDRESS 2	CITY		STATE ZIP
PARENT/GUARDIAN: EMAIL ADDRESS (REQUIRED) MOBILE PHON	NE	HOME PHONE	
MOBILE PHONE HOME PHONE BU	SINESS PHONE	HOW DO YOU I	PREFER TO BE CONTACTED:
EMERGENCY CONTACT: FIRST NAME LAST NAME	RELAT	ION TO BIRTHDAY CHILD	CONTACT PHONE NUMBER
BIRTHDAY CHILD INFORMATION Please complete all fields and print clearly. PARTY			our preferred party date and time
		DATE	у година
ALLERGIES/HEALTH RESTRICTIONS DOB	GENDER	TIME	
	EEMALE	TIME: 11-12:30pm 12:30-2pm	2-3:30pm 3:30-5pm 5-6:30pm
PARTY COSTS - Cost is for 1.5 Hour Party	COST	11-12:30pm 12:30-2pm QUANTITY	70TAL
☐ Member Price - 12 Guests	\$325.00	QOANTIT	IOIAL
□ Non-Member Price - 12 Guests	\$350.00		
ADDITIONAL SERVICES	COST	QUANTITY	TOTAL
☐ Additional 30 Minutes - On Court or Party Time	\$75.00		
☐ Additional Party Guests - Per Person	\$10.00		
☐ Additional Pizza - Per Pie	\$25.00		
☐ Pool Add-On	\$75.00		
TOTAL			
TAX			
REQUIRED DEPOSIT: \$100.00 (Non-Refundable)			
BALANCE DUE			
Downson the form of the same o			
Payment Information Please select your payment method:			
CREDIT CARD			_
☐ I authorize SPORTIME to bill my credit card on file. CARD NUMBER EXPIRATION		□ MC □ VISA □ AME	
	☐ Select to make this your guaranteed form of payment on file.		
☐ CHECK OR CASH		LE OUTON CIÈ	- MANUAL TOTAL TOT
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:			
Lundanted that the control is 6000 for 40 billion as less that 640 for each additional VIII is a second of the control in the			

understand that the party price is \$350 for 12 children or less, plus \$10 for each additional child, plus tax on total party balance. I further agree that I understand that SPORTIME is responsible for supplying the tennis and multi-sport facilities, staff members, tennis and sports equipment, party favors, invitations, pizza and soda or juice for all children, and all paper goods. By signing below, I understand that I must remit a non-refundable deposit in the amount of \$100 along with this application to reserve the SPORTIME facilities, date and time for my party. I understand that I am required to provide SPORTIME a guaranteed minimum number of party guests no less than 48 hours prior to the start of my party, and that I am financially responsible for that guaranteed minimum number of party guests, even if the actual number of party guests that attends is fewer than the guaranteed minimum. If more than the guaranteed minimum number of party guests attend, additional charges may apply at the rates set forth above. I understand and agree that the balance remaining for the party, in excess of the deposit, must be paid in full before the party commences. I understand that I am responsible for supplying the birthday cake and candles for my party. 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 participating in 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 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 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 him/her at such address directly.

AUTHORIZED SIGNATURE: DATE: