



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

# EXCEL GREEN & YELLOW BALL TENNIS PROGRAM

## Spring 2021 Application - Mar 22, 2021 thru June 27, 2021

NEW MEMBER  EXISTING MEMBER  EXISTING MEMBER W/CHANGES

No clinic on May 31, 2021 (Memorial Day)

**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?  Word of Mouth  Mail  Web  Social Media \_\_\_\_\_  Ad \_\_\_\_\_  Referral, who can we thank? \_\_\_\_\_

ITEM DESCRIPTION	DURATION	13 WEEK COST	# SESSIONS	TOTAL
<b>EXCEL GREEN ONE - AGES 12-17: TENNIS FOUNDATION - IDEAL FOR FIRST TIME OR RECREATIONAL PLAYERS</b>				
<input type="checkbox"/> Training 1: 1 class/week and 1 hour matchplay	1 Hour	\$579.00		
<input type="checkbox"/> Training 3: 3 classes/week and 1 hour matchplay	1 Hour	\$749.00		
<b>EXCEL GREEN TWO/YELLOW ONE - AGES 12-17: DRILLS &amp; SKILLS - IDEAL FOR INTERMEDIATE PLAYERS AND EARLY COMPETITORS (JV PLAYER)</b>				
<input type="checkbox"/> Training 1: 1 class/week and 1 hour matchplay	1.5 Hour	\$749.00		
<input type="checkbox"/> Training 3: 3 classes/week and 1 hour matchplay	1.5 Hour	\$1,299.00		
<b>EXCEL YELLOW TWO - AGES 12-17: FOR ADVANCED PLAYERS ON A TOURNAMENT AND TEAM TRACK (VARSITY PLAYER)</b>				
<input type="checkbox"/> Training 1: 1 class/week and 1 hour matchplay	2 Hour	\$899.00		
<input type="checkbox"/> Training 2: 2 classes/week and 1 hour matchplay	2 Hour	\$1,369.00		
<b>EXCEL CUSTOM PROGRAM - AGES 12-17: CHOOSE YOUR TENNIS PROFESSIONAL, TIME AND DAY. GROUPS MUST HAVE A MINIMUM OF 4 PLAYERS</b>				
<input type="checkbox"/> Custom: Please indicate your preferences below. Cost per player.	1 Hour	\$379.00		
<input type="checkbox"/> Custom: Please indicate your preferences below. Cost per player.	1.5 Hour	\$549.00		
<b>UTR MATCHPLAY (UNIVERSAL TENNIS RATING) FOR PROGRAM PARTICIPANTS ONLY. PAY AS YOU GO - \$25/PLAY</b>				
<b>TOTAL DUE</b>				

**Schedule Selection** Please check boxes that apply. No clinic on May 31, 2021 (Memorial Day).

**EXCEL GREEN ONE - 1 HOUR**

Mon: 5:00pm - 6:00pm

Wed: 5:00pm - 6:00pm

Sat: 2:00pm - 3:00pm

**EXCEL YELLOW ONE - 1.5 HOUR**

Mon: 6:00pm - 7:30pm

Tue: 6:00pm - 7:30pm

Wed: 6:00pm - 7:30pm

Thur: 6:00pm - 7:30pm

**EXCEL YELLOW TWO - 2 HOUR**

Tue: 4:00pm - 6:00pm

Thur: 4:00pm - 6:00pm

Sat: 12:00pm - 2:00pm

**EXCEL GREEN ONE MATCHPLAY**

Sat: 3:00pm - 4:00pm

**EXCEL YELLOW ONE & TWO MATCHPLAY**

Fri: 4:00pm - 8:00pm

**CUSTOM PROGRAMS - PLEASE INDICATE YOUR PREFERENCES HERE**

Preferred Day/Time (1)	Preferred Coach
Preferred Day/Time (2)	Preferred Coach
Preferred Day/Time (3)	Preferred Coach

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



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### PAYMENT INFORMATION Please choose one of the options below:

I understand that payment is due in full by the first day of play. By signing the LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE AND OTHER TERMS below, I agree to adhere to the terms of the payment terms. If my account is not paid as required, I consent that SPORTIME may charge my bank account/credit card on file for the full amount past due plus a late fee.

Due to the unique and unforeseen circumstances caused by COVID-19, deposits for spring 2021 programs will be refundable prior to program commencement and on a pro-rata basis thereafter in the event of SPORTIME facility closure.

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 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. **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, and SPORTIME's sole liability shall be to refund any amounts previously paid on a pro-rata basis. SPORTIME reserves the right to close courts for repair or alteration. 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](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. SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED BY THE NAMED PARTICIPANT, and any make-up authorized must be completed by June 27 of the session year.

AUTHORIZED SIGNATURE:

DATE:



**Register Today!**

Complete both sides of this application and return with payment in full by mail, fax or email, or register conveniently online:

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Questions? Contact Schenectady Director of Tennis, Philippe Ceas: Phone: 518-356-0100 | Email: [pceas@sportimeny.com](mailto:pceas@sportimeny.com)