



SPORTIME QUOGUE 2022 SUMMER MEMBERSHIP APPLICATION

2571 QUOGUE RIVERHEAD RD, EAST QUOGUE, NY 11942
631-653-6767 (tel) / 631-653-8315 (fax)
www.SportimeNY.com/Quogue

CONTACT US: 631-653-6767 OR
QUOGUE@SPORTIMENY.COM

Season: May 16th through October 31st
Game arranging Services May 16th through September 30th

APPLICATION REQUIREMENTS:

If an individual applicant is a minor (junior)/under the age of 18, a parent or legal guardian must complete and sign the application on the minor's behalf. For Family Memberships, all individuals included under such membership, who are not minors/are 18 years of age or older, must sign this application individually.

PERSONAL INFORMATION

APPLICATION TYPE: NEW APPLICATION RENEWAL

FIRST NAME

LAST NAME

ADDITIONAL MEMBERS (If Family Membership, DOB of children under 14)

BILLING STREET ADDRESS

APT #

CITY

STATE

ZIP

EMAIL ADDRESS

MOBILE PHONE

OTHER PHONE

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE

NTRP SELF RATING

HOW DID YOU HEAR ABOUT US?

MEMBERSHIP TYPE

Summer Tennis Memberships

- Family Membership* \$2,950.00
- Full Membership** \$1,400.00
- Weekday Membership** \$1,000.00
- Student/Young Professional* \$750.00
- Junior Membership \$275.00
- Fitness Adult Membership (Memorial Day thru Labor Day) \$450.00
- Fitness Junior Membership (Memorial Day thru Labor Day) \$275.00
- Pool Membership (Memorial Day thru Labor Day) \$250/Individual
- Pool Membership (Memorial Day thru Labor Day) \$450/Family
- *Add Fitness \$175.00
- **Add Fitness \$250.00

MEMBERSHIP COST:

PAYMENT METHOD

- Check (payable to SPORTIME)
- Credit Card - AMOUNT OF CC CHARGE \$ _____

CREDIT CARD DETAILS

Account Number	Expiry Date
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HOUSE CHARGE PRIVILEGES & "AUTOPAY" PAYMENT OPTION:

In order to establish house charge privileges, you must provide current credit card information above. You may also elect our "auto-pay" payment option and have your account balance automatically charged to your credit card each month.

- YES, I would like to establish house charge privileges for the 2022 season and would like my account balance automatically charged to the following credit card each month.
- YES, I would like to establish house charge privileges for the 2022 season; my credit card details follow.
- NO, I do not wish to establish house charge privileges for the 2022 season.

COMPLETE BOTH SIDES OF THIS APPLICATION WITH PAYMENT INFORMATION AND RETURN BY FAX, EMAIL OR MAIL:
F. 631-653-8315 | E. QUOGUE@SPORTIMENY.COM
M. 2571 QUOGUE RIVERHEAD RD, EAST QUOGUE, NY 11942

Please contact us with any questions by calling 631-653-6767 or emailing quogue@sportimeny.com.



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CONDITIONS OF MEMBERSHIP

By signing this application, I am hereby accepting the following terms and conditions of SPORTIME membership for the 2020 season. Memberships are not refundable and are transferable at the sole discretion of management. Memberships for which full payment is not received by 3/1/22 will be billed at the undiscounted rate. All members must establish house charge privileges on an annual basis. In order to establish such privileges, I am providing valid credit card information above. I hereby consent that if my account balance is not paid in full within 30 days of the date that a monthly statement is issued to me, SPORTIME Clubs, LLC (the Club or SPORTIME) may charge the credit card listed above for the full amount past due. I understand that if I choose not to establish charge privileges, I must pay for all goods and services at the point of sale. I hereby agree to abide by all rules and regulations of the Club. If an individual applicant is a minor (junior)/under the age of 18, a parent or legal guardian must complete and sign this application on the minor's behalf. For Family or Couples Memberships, all individuals included under such membership, who are not minors/are 18 years of age or older, must sign this application individually.

LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE

- 1) I/We agree that there are certain inherent dangers in playing tennis, in participating in fitness, sports and related activities, in using related equipment and machinery, and in using SPORTIME's transportation service where applicable. In consideration of being allowed to participate in the activities, programs and services of SPORTIME and to use its facilities, equipment and machinery, in addition to the payment of any fee or charge, to the fullest extent permitted by law, I/We do hereby waive, release and forever discharge SPORTIME and its partners, members, officers, agents, employees, representatives, executors and any others acting on their behalves, from any and all responsibility or liability arising from injuries or damage resulting from , or in any way arising out of or connected with my/our and/or my/our children's participation in any activities, programs and services of the Club or from my/our and/or my/our child/ren's use of its facilities, equipment and machinery.
- 2) I/We understand and agree that tennis, sports and fitness activities, including the use of related equipment and machinery, are potentially hazardous activities, which can potentially result in serious injury and even death. I/We and/or my/our child/ren am/are voluntarily participating in these activities and using the Club's equipment and machinery with knowledge of the dangers involved. I/We hereby agree to expressly assume and accept any and all risks of injury or death to me/us and/or my/our child/ren. In the case of accident or injury to me/us and/or my/our child/ren, and if an emergency contact person cannot be reached, I/We grant SPORTIME permission to obtain medical attention, if necessary, for which I /we will be financially responsible.
- 3) I/We do hereby further declare myself/ourselves/ and/or my/our children to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent my/our and/or my/our child/ren's participation in tennis, fitness and sports activities and/or my/our and/or my/our child/ren's use of related equipment and machinery. I/We do hereby acknowledge that I/We have been informed of the need for a physician to approve my/our and/or my/our child/ren's participation in such activities, and my/our and/or my/our child/ren's use of related equipment and machinery. I/We also acknowledge that the Club has recommended that I/We and/or my/our child/ren have an annual or more frequent physical examination and consultation with a physician so that I/We might have his/her recommendations concerning my/our and/or my/our child/ren's participation in such activities and use of such machinery and equipment. I/We acknowledge that I/We and/or my/our child/ren have either had a physical examination and been given my/our physician's permission to participate in tennis, sports and fitness activities and to use related equipment and machinery, or that I/We have decided to participate in such activities and to use such equipment and machinery, and/or to allow mu/our child/ren to do so, without the approval of a physician, and do hereby assume all responsibility for my/our and/or my/our child/ren's participation in such activities and use of such equipment and machinery.
- 4) I/We understand and agree that SPORTIME retains the rights to any photographs or video taken of me/us and or my/our child(ren) at Sportime facilities or at off-site SPORTIME programs or events, to be used for SPORTIME publicity, marketing, social media and advertising. I/We also agree that by providing an email address(es) for my/our minor child(ren) ages 13 and above, I /We authorize SPORTIME to contact him/her/them directly at such address(es). SPORTIME's Privacy Policy can be viewed at: https://www.sportimeny.com/privacy_policy.php.

By signing below, I/we are acknowledging that I/We have read this entire Agreement, including, but not limited to, the Conditions of Membership and the Liability Waiver, Assumption of Risk and Release, and that I/we and or my/our minor child(ren) agree to be bound by its terms and conditions.

RESPONSIBLE PARTY / MAIN MEMBER SIGNATURE	DATE
2ND RESPONSIBLE PARTY / ADULT MEMBER SIGNATURE (IF APPLICABLE)	DATE
SPORTIME AUTHORIZED SIGNATURE (IF APPLICABLE)	DATE