



SPORTIME Syosset
 75 Hasket Dr, Syosset, NY 11791
 TEL: (516) 364-2727
 www.SportimeNY.com/STM

Adult Tennis Programs & Leagues 2020-21 Program Application

NEW MEMBER EXISTING MEMBER EXISTING MEMBER W/CHANGES

PROGRAMS: **17-Week Session:** Fri, Sept 11, 2020 - Fri, Jan 29, 2021 **34-Week Session:** Fri, Sept 11, 2020 - Mon, Jun 14, 2021
LEAGUES: **16-Week Session:** Fri, Sept 11, 2020 - Fri, Jan 22, 2021 **32-Week Session:** Fri, Sept 11, 2020 - Fri, May 28, 2021

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 |
| EMAIL ADDRESS (REQUIRED) | | NTRP RATING | DO YOU PLAY USTA? <input type="checkbox"/> YES <input type="checkbox"/> NO | | PLAYER UNIVERSAL TENNIS RATING |
| 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 If you have a credit due to COVID-19 program cancellation(s), and would like to apply it to the selected program, please contact us.

| ITEM DESCRIPTION | DURATION | 17 WEEKS | 34 WEEKS | # SESSIONS | TOTAL |
|---|----------|------------|-------------|------------|-------|
| <input type="checkbox"/> Adult TK - Group Lessons | 1 Hour | \$750.00 | \$1,350.00 | | |
| <input type="checkbox"/> Adult TK - Group Lessons | 1.5 Hour | \$975.00 | \$1,755.00 | | |
| <input type="checkbox"/> Adult TK - Group Lessons | 2 Hour | \$1,325.00 | \$2,430.00 | | |
| <input type="checkbox"/> Adult TK - Road to Nationals | 1.5 Hour | \$975.00 | \$1,755.00 | | |
| <input type="checkbox"/> STRATE-gy - Group Lessons | 1.5 Hour | \$975.00 | \$1,755.00 | | |
| <input type="checkbox"/> The SPORTIME Zone | 1.5 Hour | \$850.00 | \$1,550.00 | | |
| ITEM DESCRIPTION | DURATION | 16 WEEKS | 32 WEEKS | # SESSIONS | TOTAL |
| <input type="checkbox"/> Leagues - Men's Singles | 1.5 Hour | \$625.00 | \$995.00 | | |
| <input type="checkbox"/> Leagues - Women's Doubles | 1.5 Hour | \$495.00 | \$775.00 | | |
| <input type="checkbox"/> Leagues - Women's Singles | 1.5 Hour | \$525.00 | \$895.00 | | |
| ITEM DESCRIPTION | DURATION | MEMBERS | NON-MEMBERS | # SESSIONS | TOTAL |
| <input type="checkbox"/> The SPORTIME Zone at Bethpage - PER DIEM | 1.5 Hour | \$30.00 | \$40.00 | | |
| TOTAL | | | | | |
| DEPOSIT: Required 20% deposit through August 31, 2020. As of September 1, 2020, any EPP installments due at the time of enrollment must be paid in addition to 20% deposit. | | | | | |
| BALANCE DUE | | | | | |

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

| LEAGUES - 1.5 HOUR | | |
|--|----------|---------------------------|
| <input type="checkbox"/> Women's Singles | 4.25-4.5 | Mon: 11:00am - 12:30pm |
| <input type="checkbox"/> Women's Singles | 3.0-3.5 | Thur: 11:30am - 1:00pm |
| <input type="checkbox"/> Women's Doubles | 4.0 USTA | Tue: 9:30am - 11:00am |
| <input type="checkbox"/> Women's Doubles | 3.0 | Fri: 9:30am - 11:00am |
| <input type="checkbox"/> Women's Doubles | 3.5 | Fri: 11:15am - 12:45pm |
| <input type="checkbox"/> Men's Singles | 3.5 | Mon-Wed: 9:30pm - 11:00pm |
| <input type="checkbox"/> Men's Singles | 4.0-4.5 | Mon-Wed: 9:30pm - 11:00pm |

| THE SPORTIME ZONE PROGRAM - 1.5 HOUR | |
|--------------------------------------|------------------------|
| <input type="checkbox"/> 2.0-3.0 | Tue: 11:00am - 12:30pm |
| <input type="checkbox"/> 3.25-4.0 | Mon: 12:30pm - 2:00pm |
| <input type="checkbox"/> 4.0-4.5 | Wed: 10:30am - 12:00pm |
| <input type="checkbox"/> 4.5 | Mon: 9:30am - 11:00am |

| STRATE-gy - 1.5 HOUR | |
|----------------------------------|-----------------------|
| <input type="checkbox"/> 3.5 | Wed: 12:00pm - 1:30pm |
| <input type="checkbox"/> 4.0-4.5 | Thur: 1:00pm - 2:30pm |

| THE SPORTIME ZONE - 1.5 HOUR @ SPORTIME BETHPAGE PER DIEM |
|---|
| <input type="checkbox"/> Mon: 9:00pm - 10:30pm |
| <input type="checkbox"/> Wed: 9:00pm - 10:30pm |
| <input type="checkbox"/> Fri: 11:00am - 12:30pm |
| <input type="checkbox"/> Sun: 10:00am - 11:30am Time is subject to change. |

| ADULT TK | |
|------------------------|-----------------|
| 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:

- CHECK HERE TO CHOOSE SPORTIME'S EASY PAYMENT PLAN - 20% to 40% NON-REFUNDABLE DEPOSIT AND 3 TO 7 MONTHLY PAYMENTS:** The SPORTIME Easy Payment Plan (EPP) requires a 20% non-refundable* deposit to reserve a space in any SPORTIME program with 15 to 36 weekly sessions. For 15-24 week programs, the remaining balance is drafted from a member's valid credit card or bank account in four equal installments, on September 1, October 1, November 1 and December 1 for programs commencing in September or thereafter. For 25-36 week programs, the remaining balance is drafted from a member's valid credit card or bank account in seven installments, 20% on September 1, and then 10% 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. Once enrolled in Full Auto Pay, any additional programs or services that a member chooses to charge to his/her SPORTIME member account will be billed and drafted using the EPP schedule. **OR**
- CHECK HERE TO CHOOSE PAYMENT IN FULL BY FIRST DAY OF PLAY:** I understand that, if I do not choose the EPP described above, I must remit a 20% 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.

By signing the LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE AND OTHER TERMS below, I agree to adhere to the terms of the payment plan I have chosen. 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 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 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 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/ 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 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 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 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 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 BY THE NAMED PARTICIPANT, and any make-up authorized must be completed by August 31st of the session year.

AUTHORIZED SIGNATURE:

DATE:

Register Today!

Complete both sides of this application and return with required deposit by mail, fax, or email, or register conveniently online:

SPORTIME Syosset Tennis

Mail: 75 Hasket Drive, Syosset, NY 11791 | **Fax:** 516-364-3928

Register Online: www.SportimeNY.com/SyossetTennis.

If you have questions, please contact:

Syosset Tennis Adult Program Director, Alison Corcoran
Phone: 516-364-2727 | **Email:** acorcoran@sportimeny.com

Syosset Tennis Women's League Director, Jerilyn Jud
Phone: 516-364-2727 | **Email:** jjud@sportimeny.com

Syosset Tennis Men's League Director, Alexey Kavalenka
Phone: 516-364-2727 | **Email:** akavalenka@sportimeny.com