

Please complete all fields and print clearly. Players must be active SPORTIME members to participate in SPORTIME programs.

**Player Information**  NEW MEMBER  EXISTING MEMBER  EXISTING MEMBER W/CHANGES

Player First Name  Player Last Name  Date of Birth  GENDER  MALE  FEMALE

Player Email Address (If Player is 13 and older)  USTA Membership Number  UTR Profile Number  School and Grade Enrolled 2019-20

Street Address  APT / FL / Suite  City  State  Zip

Parent/Guardian First Name  Parent/Guardian Last Name  Parent/Guardian Mobile Number  Parent/Guardian Email Address (Required)

Home Phone  Business Phone  Cell Phone  How do you prefer to be contacted?  Phone  Email  Text

Emergency Contact First Name  Emergency Contact Last Name  Relation to Player  Emergency Contact Number

How did you hear about our us?  Word of Mouth  Mail  Web  Social Media  Ad  Referral, who can we thank?

**Program Costs** Costs are 34 weeks. Speed and Agility Sessions are included for all JMTA players. Contact our Director of Tennis to find out more.

ITEM	DURATION	WEEKS	COST	# SESSIONS	TOTAL
<input type="checkbox"/> JMTA	1.5 Hour	34 Weeks	\$3,195.00	_____	\$ _____
<input type="checkbox"/> JMTA	2 Hour	34 Weeks	\$4,195.00	_____	\$ _____
<input type="checkbox"/> JMTA - Tournament Strategy	2 Hour	34 Weeks	\$4,195.00	_____	\$ _____
<input type="checkbox"/> JMTA - Matchplay	2 Hour	34 Weeks	\$1,695.00	_____	\$ _____
<b>SUB-TOTAL</b>					\$ _____
REQUIRED 40% DEPOSIT					-\$ _____
<b>BALANCE DUE</b>					\$ _____

**Payment Information**

PLEASE CHOOSE ONE OF THE FOLLOWING PAYMENT OPTIONS:

**CHECK HERE TO CHOOSE SPORTIME'S EASY PAYMENT PLAN - 40% NON-REFUNDABLE DEPOSIT AND 3 TO 6 EQUAL MONTHLY PAYMENTS** The SPORTIME Easy Payment Plan (EPP) requires a 40% 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 three equal installments, on October 1, November 1 and December 1 for programs commencing in September or thereafter, and on February 1, March 1 and April 1 for programs commencing in January or thereafter. For 25-36 week programs, the remaining balance is drafted from a member's valid credit card or bank account in six equal installments, on October 1, November 1, December 1, January 1, February 1 and March 1. 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 series lessons 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 40% 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 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.

**Payment Method**

**CREDIT CARD:** I authorize SPORTIME to bill my credit card on file.  
 MC  Visa  AMEX  Discover

CREDIT CARD NUMBER  EXPIRATION

Please make this my guaranteed form of payment on file.

**BANK ACCOUNT:** I authorize SPORTIME to deduct from this account.

BANK NAME  ABA NUMBER

BANK ACCOUNT NUMBER

Please make this my guaranteed form of payment on file.

**CHARGE TO MY ACCOUNT:** Guaranteed form of payment on file required, and I authorize SPORTIME to use it for payment(s) due.

**CHECK PAYABLE TO SPORTIME**  **CASH**

**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. SPORTIME retains the rights to any photographs or video taken at the facility to be used for publicity, marketing, social media or advertising. 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 PARTICIPANT.

PARENT / GUARDIAN SIGNATURE  DATE

**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.



**SPORTIME Syosset Tennis**  
 Long Island Annex of the JMTA, 75 Haskett Drive, Syosset, NY 11791  
 TEL: 516-364-2727 | FAX: 516-364-3928  
 www.SportimeNY.com/SyossetTennis | EMAIL: mkossoff@sportimeny.com

# JMTA PROGRAM 2019-2020 Program Application

Please complete all fields and print clearly. Players must be active SPORTIME members to participate in SPORTIME programs.

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

34-Week Session: Tue, Sept. 10, 2019 - Mon, June 15, 2020

### JMTA - 1.5 HOUR

- Mon: 4:30pm - 6:00pm
- Wed: 4:30pm - 6:00pm
- Thur: 4:30pm - 6:00pm
- Sun: 2:30pm - 4:00pm

### JMTA - 2 HOUR

- Mon: 6:00pm - 8:00pm
- Tue: 4:00pm - 6:00pm
- Tue: 6:00pm - 8:00pm
- Wed: 6:00pm - 8:00pm
- Thur: 6:00pm - 8:00pm
- Sat: 12:00pm - 2:00pm
- Sun: 4:00pm - 6:00pm

### JMTA - TOURNAMENT STRATEGY

- Fri: 7:30pm - 9:30pm
- Sun: 12:30pm - 2:30pm

### JMTA - MATCHPLAY

- Sat: 5:00pm - 7:00pm

## 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 Haskett Drive, Syosset, NY 11791 | **Fax:** 516-364-3928

**Register Online:** [www.SportimeNY.com/SyossetTennis](http://www.SportimeNY.com/SyossetTennis).

If you have questions, please contact Syosset Tennis Director, Mike Kossoff:

**Phone:** 516-364-2727 | **Email:** mkossoff@sportimeny.com