





SPORTIME Lake Isle 660 White Plains Road, Eastchester, NY 10709 TEL: 914-777-5151 | FAX: 914-337-4820 www.SportimeNY.com/Lakelsle

MAC RED & ORANGE BALL TENNIS PROGRAM

Winter/Spring 2024 Program Application

☐ NEW MEMBER ☐ EXISTING MEMBER ☐ EXISTING MEMBER W/CHANGES

☐ **Spring 17-Week Session:** Mon, Feb 5, 2024 - Sun, Jun 16, 2024 Programs are off: 2/17/24-2/23/24, and 3/25/24-3/31/24

Make-up Week: 6/17/24-6/23/24									
PLAYER INFORMATION Please complete PLAYER: FIRST NAME	e all fields and print clearly. Players mu LAST NAME	ist be active SPORT	IME Members to	participate in SPORT DATE OF BIRTH	FIME programs. GENDER □ FEMALE □ MALE				
PLAYER EMAIL ADDRESS (IF PLAYER IS OVER 13)	PLAYER MOBILE NUMBER	(IF OVER 13)	SCHOOL & GRADE ENROLLED SEP		Т				
STREET ADDRESS	ADDRESS 2		CITY	STATE	ZIP				
PARENT/GUARDIAN: FIRST NAME	LAST NAME	EMAIL ADD		DRESS (REQUIRED)					
MOBILE PHONE HO	E PHONE BUSINESS PHONE			HOW DO YOU PREFER TO BE C					
EMERGENCY CONTACT: FIRST NAME	LAST NAME	I	RELATION TO PLAYER	CONTACT NU	JMBER				
How did you hear about us? ☐ Word of M Program Costs	Outil Liviali Lives Liborial Media	LI AU	Li Neien	ral, who can we thank?					
ITEM DESCRIPTION		DURATION	17 WEEKS	# SESSIONS	TOTAL				
☐ Mac Red Ball		1 Hour	\$935.00						
☐ Mac Orange Ball One/Mac Orange Bal	1 Hour	\$1,150.00							
☐ Mac Orange Ball Two - Invite Only	1 Hour	\$1,300.00							
☐ Mac Private Lessons * Please contact o	.5 Hour	\$1,025.00							
TOTAL									
DEPOSIT: Required 40% deposit.									
BALANCE DUE									
*For players in our Mac program. Schedule Selection Please check box	es that apply. For a list of 'No Play' dates	i, please visit us online	2 .						
MAC RED	MAC ORANGE ONE	RED/ORANGE	PRIVATE LESSONS		INFORMATION: guaranteed make-ups				
☐ Mon: 3:30pm - 4:30pm	☐ Mon: 3:30pm - 4:30pm	☐ Mon: 3:00)pm - 3:30pm	• 7% Pro-	rate fee will be added for				
☐ Tue: 4:00pm - 5:00pm - Invite Only	☐ Tue: 4:00pm - 5:00pm	☐ Tue: 3:00p	m - 3:30pm	players session	after the 3rd week of the				
☐ Wed: 4:00pm - 5:00pm	☐ Wed: 4:00pm - 5:00pm	☐ Thur: 3:00	pm - 3:30pm		24 hour cancellation policy (must email or call Director of				
☐ Wed: 5:00pm - 6:00pm	□ Wed: 5:00pm - 6:00pm	☐ Fri: 3:00pr							
☐ Thur: 4:00pm - 5:00pm	☐ Thur: 4:00pm - 5:00pm								

☐ Fri: 3:30pm - 4:30pm ☐ Sat: 10:00am - 11:00am ☐ Sat: 3:00pm - 4:00pm ☐ Sun: 10:00am - 11:00am ☐ Sun: 3:00pm - 4:00pm

MA	MAC ORANGE ONE					
	Mon: 3:30pm - 4:30pm					
	Tue: 4:00pm - 5:00pm					
	Wed: 4:00pm - 5:00pm					
	Wed: 5:00pm - 6:00pm					
	Thur: 4:00pm - 5:00pm					
	Fri: 3:30pm - 4:30pm					
	Sat: 10:00am - 11:00am					
	Sat: 11:00am - 12:00pm					
	Sat: 3:00pm - 4:00pm					
	Sun: 10:00am - 11:00am					
	Sun: 11:00am - 12:00pm					
	Sun: 3:00pm - 4:00pm					

MAC ORANGE TWO - EVALUATION REQUIRED**				
	Mon: 3:30pm - 4:30pm			
	Tue: 5:00pm - 6:00pm - Invite Only			
	Thur: 5:00pm - 6:00pm - Invite Only			
	Fri: 3:30pm - 4:30pm			

^{**}Contact U10 Director Alex Davis at adavis@sportimeny.com to schedule an evaluation.



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Pay	ment Information Please select your pay	yment method:				
	CREDIT CARD					
☐ I authorize SPORTIME to bill my credit card on file.			☐ Please use this card: ☐ MC ☐ VISA ☐ AMEX ☐ DISCOVER			
CAR	D NUMBER	EXPIRATION ZIP C	CVV	☐ Select to make	e this your guaranteed form	of payment on file.
	CHECK OR CASH					
Υοι	ı must have a credit card on file if you are not	paying the full amount.	□ СНЕСК	□ CASH	IF CHECK, NO.	AMOUNT
Pay	ment Plan Please choose one of the option	ns below:				
	program, with the remaining balance charge For 8-13 week programs, remaining bal For 15-18 week programs, remaining bal For 34 -36 programs, remaining bal ror enrollment in any SPORTIME program aft to the deposit. EPP participants MUST enroll dues, pro shop charges and per diem court ti Membership Agreement, by choosing the EF Full Auto Pay, any additional programs or ser	ed to a member's valid credit card, lance to be drafted on the first of talance to be drafted in three (3) event to be drafted in six (6) equal instant to the first of any in Full Auto Pay, thereby authorized in from such credit card or bank PP, I am hereby authorizing SPOR	, for progra the month qual install allments or y installmen ing SPORTI c account. I	ms commencing ir following the mon ments, on Februar n October 1, Nove nt payment due, p ME to draft all clul f I did not choose ange such profile	n September or thereafter, and during which the program of 1, March 1 and April 1; or mber 1, December 1, Janual er the schedule above, will be charges due on a monthly Full Auto Pay as my payme to Full Auto Pay, effective in	as follows: m commences; ry 1, February 1 and March 1. be due and payable in addition basis, including membership ent profile on my SPORTIME mmediately. Once enrolled in
	OPTION B: PAYMENT IN FULL BY FIRST DAY with this application to confirm registration,				·	6 non-refundable deposit along
Lial	pility Waiver, Assumption of Risk and	d Release and Other Terms	;			
be required dans or other parters	signing below I agree that I am the parent or I hereafter adopted or amended by SPORTIME. Juired SPORTIME may charge my bank account neers in playing tennis and in participating in o mage, or other loss sustained by the named partitle property of SPORTIME. I hereby further her illness that would prevent the named partiticipant, and if an emergency contact person oponsible. I accept that enrollment in SPORTIME.	I further agree to adhere to the to t/credit card on file for the full am other SPORTIME programs, service articipant in, on or about the pren declare the named participant to cipant's participation in SPORTIMI cannot be reached, I grant SPORTI ME programs is for the full session	erms of the nount past of es and active nises of SPC be physical E programs IME permis n and that	e payment plan I h due plus a late fee. ities, and that SPC DRTIME, or arising lly sound and suffe , services and acti sion to obtain men no refunds will be	ave chosen above, and that I acknowledge and agree the DRTIME shall not be liable for out of the use or intended usering from no conditions, im vities. In the case of an accidical attention, if necessary, given for withdrawals or al	if my account is not paid as hat there are certain inherent or any personal injuries, property use of any facilities, equipment pairment, disease, infirmity or ident or injury to the named for which I will be financially bsences after the session

AUTHORIZED SIGNATURE: DATE:

MISSED BY THE NAMED PARTICIPANT, and any make-up authorized must be completed by August 31st of the session year.

Scan Below for Program Off Dates

at its sole discretion, and SPORTIME's sole liability shall be to refund any amounts previously paid on a pro-rata basis. I also understand that membership is required for participation in certain SPORTIME programs. 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. If the named participant's email address is provided above, I authorize SPORTIME to contact the named participant at such address directly. SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES



Register Today!

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

SPORTIME Lake Isle