



**SPORTIME Harbor Island**  
 PO Box 783, In Harbor Island Park, Mamaroneck, NY 10543  
 TEL: 914-777-5050 | FAX: 914-835-3657  
 www.SportimeNY.com/HarborIsland | EMAIL: khayot@sportimeny.com

**PRIVATE & SEMI-PRIVATE TENNIS LESSONS**  
**Winter/Spring 2021 Program Application**

NEW MEMBER  EXISTING MEMBER  EXISTING MEMBER W/CHANGES

**15-WEEK SESSION:** Mon, Jan 18, 2021 - Sun, May 16, 2021  **20-WEEK SESSION:** Mon, Jan 18, 2021 - Sun, Jun 27, 2021  
**OFF DATES:** Feb 13 - Feb 19, Mar 29 - Apr 4 and May 17 - May 23

**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? \_\_\_\_\_

**Program Costs** Village of Mamaroneck residents receive 10% discount on all programs and membership. Costs are for 15 and 20 weeks. 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	15 WEEKS	20 WEEKS	# SESSIONS	TOTAL
<input type="checkbox"/> Private - Director PLUS	1 Hour	\$2,550.00	\$3,400.00		
<input type="checkbox"/> Private - Master	.5 Hour	\$1,350.00	\$1,700.00		
<input type="checkbox"/> Private - Master	1 Hour	\$2,250.00	\$2,950.00		
<input type="checkbox"/> Private - Master	1.5 Hour	\$3,530.00	\$4,650.00		
<input type="checkbox"/> Private - Senior	.5 Hour	\$1,230.00	\$1,550.00		
<input type="checkbox"/> Private - Senior	1 Hour	\$2,055.00	\$2,600.00		
<input type="checkbox"/> Private - Senior	1.5 Hour	\$3,080.00	\$3,900.00		
<input type="checkbox"/> Private - Staff	.5 Hour	\$1,105.00	\$1,400.00		
<input type="checkbox"/> Private - Staff	1 Hour	\$1,910.00	\$2,410.00		
<input type="checkbox"/> Private - Staff	1.5 Hour	\$2,925.00	\$3,675.00		
<input type="checkbox"/> Semi-Private - Master	.5 Hour	\$735.00	\$980.00		
<input type="checkbox"/> Semi-Private - Master	1 Hour	\$1,400.00	\$1,860.00		
<input type="checkbox"/> Semi-Private - Senior	.5 Hour	\$675.00	\$850.00		
<input type="checkbox"/> Semi-Private - Senior	1 Hour	\$1,350.00	\$1,700.00		
<input type="checkbox"/> Semi-Private - Staff	.5 Hour	\$635.00	\$800.00		
<input type="checkbox"/> Semi-Private - Staff	1 Hour	\$1,265.00	\$1,575.00		
<b>TOTAL</b>					
DEPOSIT: Required 40% deposit through Jan 31, 2021					
<b>BALANCE DUE</b>					

**Schedule Selection** Private and semi-private lessons might not be available on weekdays from 4:00pm - 8:00pm. 24 hour cancellation policy applies. Other Director and Director Plus rates available upon request.

PRIVATE LESSON PREFERENCES		SEMI-PRIVATE LESSON PREFERENCES: Partner must be a SPORTIME Member.		
Preferred Day/Time (1)	Preferred Coach	Preferred Day/Time (1)	Preferred Coach	Partner Name
Preferred Day/Time (2)	Preferred Coach	Preferred Day/Time (2)	Preferred Coach	Partner Name
Preferred Day/Time (3)	Preferred Coach	Preferred Day/Time (3)	Preferred Coach	Partner Name

**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 - 40% NON-REFUNDABLE DEPOSIT AND 3 EQUAL MONTHLY PAYMENTS:** The SPORTIME Easy Payment Plan (EPP) requires a 40% non-refundable\* deposit to reserve a space in any SPORTIME program with 15-24 week programs commencing in January or thereafter, with the remaining balance is drafted from a member's valid credit card or bank account in three equal installments, on February 1, March 1 and April. 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.

\* 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 named participant, or the parent or legal guardian of the named participant, and that I/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, in athletic training 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 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 understand that any and all classes or sessions purchased must be used by August 31st of the session year. 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 alterations. I understand and agree that SPORTIME retains the rights to any photographs or video taken of me/us and/or 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.sportimemy.com/privacy\\_policy.php](https://www.sportimemy.com/privacy_policy.php). If the named participant is a minor and his/her email address is provided above, I authorize SPORTIME to contact him/her at such address directly.

**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:

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**Questions?** Contact Harbor Island Director of Junior Tennis, Khayot: **Phone:** 914-777-5050 | **Email:** khayot@sportimemy.com