



SPORTIME QUOGUE
 2571 Quogue-Riverhead Road, East Quogue, NY 11942
 TEL: 631-653-6767 FAX: 631-653-8315
 www.SportimeNY.com/Quogue

TENNIS WHIZZ PROGRAM
 Winter-Spring 2019 Program Application
 Ages 3 - 5

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 2018-19 _____

PARENT/GUARDIAN FIRST NAME _____ PARENT/GUARDIAN LAST NAME _____ PARENT/GUARDIAN EMAIL ADDRESS (REQUIRED) _____

STREET ADDRESS _____ APT / FL / SUITE _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUSINESS PHONE _____ CELL PHONE _____ HOW DO YOU PREFER TO BE CONTACTED? PHONE EMAIL TEXT

EMERGENCY CONTACT NAME _____ RELATION TO PLAYER _____ EMERGENCY PHONE _____

HOW DID YOU HEAR ABOUT US? WORD OF MOUTH MAIL WEB PRINT AD: _____ SOCIAL MEDIA AD: _____ REFERRAL: _____

PROGRAM COSTS COSTS ARE FOR 17 WEEKS AND PER DIEM. PRICES LISTED APPLY TO SPORTIME MEMBERS ONLY:

ITEM	WEEKS	DURATON	COST	# SESSIONS	TOTAL
<input type="checkbox"/> Tennis Whizz	17 Weeks	1 Hour	\$395.00	_____	\$ _____
<input type="checkbox"/> Tennis Whizz	Per Diem	1 Hour	\$35.00	_____	\$ _____
SUB-TOTAL					\$ _____
DISCOUNT: Add a 2nd day and save 20% on that 2nd class.					-\$ _____
SIBLING DISCOUNT: 10% Sibling Discount (not to be combined with 2nd day discount).					-\$ _____
TOTAL					\$ _____
REQUIRED 40% DEPOSIT					-\$ _____
BALANCE					\$ _____

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 15-20 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 24-36 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.

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.

PAYMENT METHOD

CREDIT CARD: I authorize SPORTIME to charge the credit card below.
 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 the following 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**

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



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SESSION DATES For a list of 'No Play' dates, please visit us online.

- Winter- Spring 17-Week Session: 1/28/19 - 6/10/19

SCHEDULE SELECTION

TENNIS WHIZZ

- Sun: 3:00 PM - 4:00 PM

REGISTER TODAY!

Please complete both sides of this application and return with the required deposit by mail, fax or register conveniently online:

Mail: SPORTIME Quogue, 2571 Quogue-Riverhead Road, East Quogue, NY 11942

Fax: 631-653-8315

Online: www.SportimeNY.com/Quogue

Questions? Please contact us at 631-653-6767