# SPORTIME Lynbrook 175 Merrick Road, Lynbrook, NY 11563 TEL: (516) 887-1330 | TEXT: (516) 464-0265 www.SportimeNY.com/Lynbrook

# PRIVATE & SEMI-PRIVATE LESSONS

Spring 2025 Program Application

 $\square$  NEW MEMBER  $\ \square$  EXISTING MEMBER  $\ \square$  EXISTING MEMBER W/CHANGES

☐ **Spring 17-Week Session:** Sun, Feb 2, 2025 - Sun, June 22, 2025

	Please complete all fields a		must be active SPORT	ME Members to partic			
PLAYER: FIRST NAME		LAST NAME			DATE OF BIRTH	GENDER  FEMA	LE   MALE
PLAYER EMAIL ADDRESS (IF I	PLAYER IS OVER 13)	PLAYER MOBILE NUI	MBER (IF OVER 13)	S	T		
STREET ADDRESS		ADDRESS 2		CITY	STATE	ZIP	
PARENT/GUARDIAN: FIRST NA	AME	LAST NAME		EMAIL A	ADDRESS (REQUIRED)		
MOBILE PHONE	HOME PHONE		BUSINESS PHONE		HOW DO YOU PREFER TO BE O		□ MAIL
EMERGENCY CONTACT: FIRST	NAME	LAST NAME		RELATION TO PLAYER	CONTACT N	UMBER	
How did you hear abou	ıt us? ☐ Word of Mouth ☐ Mai	☐ Web ☐ Social Media	a □ Ad		rral, who can we thank?		
Dura sura Carata A							
ITEM DESCRIPTION	are for 17 weeks. Membership	is required for all progr	ams and does not end  DURATION	when programs end.  17 WEEKS	# SESSIONS		TOTAL
☐ Private Lessons - Dir	rector PILIS		1 Hour	\$3,125.00	# 3L33ION3		TOTAL
☐ Private Lessons - Dir			1 Hour	\$2,945.00			
☐ Private Lessons - Ma			1 Hour	\$2,770.00			
☐ Private Lessons - Ma			.5 Hour	\$1,675.00			
☐ Private Lessons - Sei			1 Hour	\$2,590.00			
☐ Private Lessons - Sei	nior		.5 Hour	\$1,465.00			
☐ Private Lessons - Sta	aff		1 Hour	\$2,410.00			
☐ Private Lessons - Sta	aff		.5 Hour	\$1,360.00			
☐ Semi-Private Lesson	s - Director (per player)		1 Hour	\$1,840.00			
☐ Semi-Private Lesson	s - Master (per player)		1 Hour	\$1,655.00			
☐ Semi-Private Lesson	s - Senior (per player)		1 Hour	\$1,550.00			
☐ Semi-Private Lesson	s - Staff (per player)		1 Hour	\$1,445.00			
TOTAL							
DEPOSIT: Required 40%							
BALANCE DUE							
	Private and semi-private lesso	ons might not be availab					
PRIVATE LESSON PREFERE	NCES Preferred Coach		SEMI-PRIVATE LESSON Preferred Day/Time (1)	PREFERENCES: Partner m  Preferred Coach	nust be a SPORTIME Membe	er.	
Preferred Day/Time (1)							
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		

# **PRIVATE & SEMI-PRIVATE LESSONS**

**Spring 2025 Program Application** 

□ NEW MEMBER □ EXISTING MEMBER □ EXISTING MEMBER W/CHANGES

DATF:

## Payment Information Please select your payment method:

□ CREDIT CARD									
☐ I authorize SPORTIME to bill my credit card on file.		☐ Please use this card: ☐ MC ☐ VISA ☐ AMEX ☐ DISCOVER							
CARD NUMBER	EXPIRATION	☐ Select to make this your guaranteed form of payment on file.							
□ CHECK OR CASH									
You must have a credit card on file if you are not paying the full amount.		□ CHECK □ CASH	IF CHECK, NO.	AMOUNT					

#### Payment Plan Please choose one of the options below:

**AUTHORIZED SIGNATURE:** 

- OPTION A: SPORTIME'S EASY PAYMENT PLAN The SPORTIME Easy Payment Plan (EPP) requires a 40% non-refundable deposit to reserve a space in any SPORTIME program, with the remaining balance charged to a member's valid credit card, for programs commencing in September or thereafter, as follows:
  - For 8-13 week programs, remaining balance to be drafted on the first of the month following the month during which the program commences;
  - For 15-18 week programs, remaining balance to be drafted in three (3) equal installments, on February 1, March 1 and April 1; or
  - For 34 -36 programs, remaining balance to be drafted in six (6) equal installments 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. If I did not choose Full Auto Pay as my payment profile on my SPORTIME Membership Agreement, by choosing the EPP, I am hereby authorizing SPORTIME to change such profile to Full Auto Pay, effective immediately. Once enrolled in Full Auto Pay, any additional programs or services that members choose to charge to their SPORTIME accounts will be billed and drafted using the EPP schedule..
- OPTION B: 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.

#### 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 agree to adhere to the terms of the payment plan I have chosen above, and that if my account is not paid as required SPORTIME may charge my credit card on file for the full amount past due plus a late fee. I 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/the named participant's participation in SPORTIME programs, services and activities. In the case of an 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 certain 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 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.sportimeny.com/privacy\_policy.php. I hereby authorize SPORTIME to contact me by phone, email and/or text message, and if the named participant is a minor and an email address is provided above, I authorize SPORTIME to contact the named participant at such address directly.

Membership is required for all programs and does not end when programs end.

### **Register Today!**

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