



SPORTIME Schenectady
 2699 Curry Road, Schenectady, NY 12303
 TEL: 518-356-0100 | FAX: 518-356-4797
 www.SportmeNY.com/Schenectady

ADULT TENNIS 2024-2025 Program Application

NEW MEMBER EXISTING MEMBER EXISTING MEMBER W/CHANGES

- Fall 18-Week Session:** Mon, Sept 9, 2024 - Sun, Jan 26, 2025 **Full 36-Week Session:** Mon, Sept 9, 2024 - Sun, June 15, 2025
 Spring 18-Week Session: Mon, Jan, 27, 2025 - Sun, June 15, 2025

Programs are off 11/28/24-12/1/24, 12/23/24-1/1/25, 2/17/25-2/23/25, 4/14/25-4/20/25, and 5/26/25

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
EMAIL ADDRESS (REQUIRED)	NTRP RATING	DO YOU PLAY USTA? <input type="checkbox"/> YES <input type="checkbox"/> NO	PLAYER UNIVERSAL TENNIS RATING
STREET ADDRESS	ADDRESS 2	CITY	STATE ZIP
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

ITEM DESCRIPTION	DURATION	18 WEEK COST	36 WEEK COST	# SESSIONS	TOTAL
<input type="checkbox"/> Leagues - Evening - Singles (See schedule below)	1.5 Hour	\$40.00/play	\$40.00/play		
<input type="checkbox"/> Cardio Tennis - All Levels: Sundays 9:00am - 10:00am	1 Hour	\$540.00	\$970.00		
<input type="checkbox"/> Adult TK - Group Lessons - Beginner: Sundays 10:00am - 11:30am	1.5 Hour	\$835.00	\$1,400.00		
<input type="checkbox"/> Adult TK - Learn N' Play - Intermediate (Level 3.0-3.5): Tuesdays 7:30pm - 9pm	1.5 Hour	\$835.00	\$1,400.00		
<input type="checkbox"/> Adult TK - Elite Drills - Advanced (Level 4.0+): Thursdays 7:30pm - 9:00pm	1.5 Hour	\$835.00	\$1,400.00		
<input type="checkbox"/> Adult TK - Group Lessons - Custom programs allow you to choose your tennis professional, day and time. Groups must have a minimum of four players.	1.5 Hour	\$875.00	\$1,455.00		
TOTAL DUE					

Schedule Selection

Please check boxes that apply. Programs are off 11/28/24-12/1/24, 12/23/24-1/1/25, 2/17/25-2/23/25, 4/14/25-4/20/25, and 5/26/25

ADULT LEAGUES - 1.5 HOUR		
<input type="checkbox"/> Leagues - Singles	3.0-3.5	Mon: 9:00pm - 10:30pm
<input type="checkbox"/> Leagues - Singles	3.5-4.0	Tue: 9:00pm - 10:30pm
<input type="checkbox"/> Leagues - Singles	4.0-4.5+	Wed: 9:00pm - 10:30pm

CUSTOM PROGRAMS - PLEASE INDICATE YOUR PREFERENCES HERE	
Preferred Day/Time (1)	Preferred Coach
Preferred Day/Time (2)	Preferred Coach
Preferred Day/Time (3)	Preferred Coach

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 Plan Please choose one of the options below:

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 October 1, November 1 and December 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.

CREDIT CARD

I authorize SPORTIME to bill my credit card on file. Please use this card: MC VISA AMEX DISCOVER

CARD NUMBER	EXPIRATION	<input type="checkbox"/> Select to make this your guaranteed form of payment on file.	
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CHECK OR CASH

You must have a credit card on file if you are not paying the full amount.	<input type="checkbox"/> CHECK <input type="checkbox"/> CASH	IF CHECK, NO.	AMOUNT
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LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE AND OTHER TERMS

By signing below I agree that I am the named participant and that I 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 bank account/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 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 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 to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent my participation in SPORTIME programs, services and activities. In the case of an accident or injury to me, 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 certain SPORTIME programs.** SPORTIME reserves the right to close courts for repair or alterations. 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. I understand and agree that SPORTIME retains the rights to any photographs or video taken of me 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. SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED, and any make-up authorized must be completed by January 26, 2025 (Fall Session), and June 15, 2025 (Spring Session).

AUTHORIZED SIGNATURE: _____ **DATE:** _____

Register Today!

Complete both sides of this application and return with payment in full by mail, fax or email, or register conveniently online:

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 Questions? Contact Schenectady Director of Tennis, Philippe Ceas: Phone: 518-356-0100 | Email: pceas@sportimeny.com