



#### JMTA Westchester @ SPORTIME Lake Isle 660 White Plains Road, Eastchester, NY 10709 TEL: 914-777-5151 | TEXT: 914-517-3190 www.SportimeNY.com/LakeIsle

Programs are off 9/22/25-9/28/25, 10/13/25, 11/11/25, 11/26/25-11/30/25, 12/22/25-1/4/26, 2/14/26-2/20/26, 3/30/26-4/5/26, 5/4/26-5/10/26

# MAC RED & ORANGE BALL TENNIS PROGRAM 2025-2026 Program Application

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

☐ **Fall 17-Week Session:** Mon, Sept 8, 2025 - Sun, Feb 1, 2026 ☐ **Full 34-Week Session:** Mon, Sept 8, 2025 - Sun, Jun 21, 2026

| PLAYER INFORMATION Please complete al       | I fields and print clearly. Players must be ac       | ctive SPORTIME Members             | to participate in SPORT  | IME progra | ıms.   |  |
|---|--|------------------------------------|--------------------------|------------|--------|--|
| PLAYER: FIRST NAME                          | LAST NAME  |                                    | DATE OF BIRTH            | GENDER     |        |  |
|   |  |                                    |                          | ☐ FEMALE   | ☐ MALE |  |
| PLAYER EMAIL ADDRESS (IF PLAYER IS OVER 13) | PLAYER MOBILE NUMBER (IF OVER 13                     | 3) SCHOOL & GRADE ENROLLED SEPT    |                          |            |        |  |
| STREET ADDRESS                              | ADDRESS 2  | CITY                               | STATE                    | ZIP        |        |  |
| PARENT/GUARDIAN: FIRST NAME                 | RDIAN: FIRST NAME LAST NAME EMAIL ADDRESS (REQUIRED) |                                    |                          |            |        |  |
| MOBILE PHONE HOME                           | PHONE BUSINESS PHONE                                 | HOW DO YOU PREFER TO BE CONTACTED: |                          |            |        |  |
|   |  |                                    | ☐ PHONE ☐ EMAIL          |            | MAIL   |  |
| EMERGENCY CONTACT: FIRST NAME               | LAST NAME  | RELATION TO PLAYER                 | CONTACT NU               | JMBER      |        |  |
| How did you hear about us? ☐ Word of Mouth  | □ Mail □ Web □ Social Media                          |                                    | erral, who can we thank? |            |        |  |
|   |  |                                    |                          |            |        |  |
|   |  |                                    |                          |            |        |  |

## **Program Costs** Costs are for 17 and 34 weeks.

| ITEM DESCRIPTION                             | DURATION | 17 WEEKS   | 34 WEEKS   | # SESSIONS | TOTAL |
|--|----------|------------|------------|------------|-------|
| ☐ Mac Red Ball                               | 1 Hour   | \$1,015.00 | \$1,920.00 |            |       |
| ☐ Mac Orange Ball                            | 1 Hour   | \$1,350.00 | \$2,480.00 |            |       |
| ☐ Mac Orange Ball Elite - Invite Only        | 1 Hour   | N/A        | \$2,755.00 |            |       |
| ☐ Mac Private Lessons * Call for Information | .5 Hour  | \$1,085.00 | \$2,100.00 |            |       |
| TOTAL  |          |            |            |            |       |
| DEPOSIT: Required 40% deposit.               |          |            |            |            |       |
| BALANCE DUE                                  |          |            |            |            |       |

<sup>\*</sup>For players in our Mac program with staff level coach.

## **Schedule Selection** Please check boxes that apply. For a list of 'No Play' dates, please visit us online.

| MAC RED |                                    |  |  |  |  |  |
|---------|------------------------------------|--|--|--|--|--|
|         | Mon: 3:30pm - 4:30pm               |  |  |  |  |  |
|         | Tue: 4:00pm - 5:00pm               |  |  |  |  |  |
|         | Tue: 4:00pm - 5:00pm - Invite Only |  |  |  |  |  |
|         | 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               |  |  |  |  |  |

| MA | C ORANGE               |
|----|------------------------|
|    | 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 ELITE |                                     |  |  |  |  |  |
|------------------|-------------------------------------|--|--|--|--|--|
|                  | Mon: 3:30pm - 4:30pm - Invite Only  |  |  |  |  |  |
|                  | Tue: 5:00pm - 6:00pm - Invite Only  |  |  |  |  |  |
|                  | Thur: 5:00pm - 6:00pm - Invite Only |  |  |  |  |  |
|                  | Fri: 3:30pm - 4:30pm - Invite Only  |  |  |  |  |  |
|                  | Sat: 3:00pm - 4:00pm - Invite Only  |  |  |  |  |  |
|                  | Sun: 3:00pm - 4:00pm - Invite Only  |  |  |  |  |  |

Contact U10 Director Alex Davis at adavis@sportimeny.com to schedule an evaluation.

#### ADDITIONAL INFORMATION:

- Up to 3 guaranteed make-ups
- 7% Pro-rate fee will be added for players after the 3rd week of the session.
- 24 hour cancellation policy (must email or call Director of Junior Tennis)





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## **MAC RED & ORANGE BALL TENNIS PROGRAM** 2025-2026 Program Application

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

| <b>Payme</b>  | <b>nt Information</b> Please sel   | ect your payment meth   | nod:   |   |  |  |  |   |   |
|---|--|---|--|---|--|--|--|---|---|
| □ CR  | EDIT CARD  |   |  |   |  |  |  |   |   |
| □ I aut   | ☐ I authorize SPORTIME to bill my credit card on file.   |   |  |   | use this card:   | □мс □  | □ VISA   | □ AMEX  | ☐ DISCOVER  |
| CARD NU   | MBER   | EXPIRATION  | CVV ZIP  | ☐ Select t  | o make this you  | ur guarante  | eed forn                                       | n of payme  | ent on file.  |
| □ СН  | ECK OR CASH  |   |  |   |  |  |  |   |   |
| You must have a credit card on file if you are not paying the full amount.  |  |   |  | ☐ CHECK   | □ CASH   | IF CHECK   | K, NO.   |   | AMOUNT  |
| Payme   | nt Plan Please choose one  | of the options below:   |  |   |  |  |  |   |   |
| <ul> <li>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 as follows:         <ul> <li>For 8-13 week programs, remaining balance to be drafted on the first of the month following the month during which the program commences;</li> <li>For 15-18 week programs, remaining balance to be drafted in three (3) equal installments, on October 1, November 1 and December 1; or</li> <li>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.</li> <li>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.</li> <li>OPTION B: PAYMENT IN FULL BY FIRST DAY OF PLAY II 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. I further understand and agree that if I am paying by check or by cash, and am not paying in full upon submitting this application, that I must provide a valid credit card as a guaranteed form of payment on file, and that SPORTIME is authorized to charge that card for any balance due.</li> </ul> </li> </ul> |  |   |  |   |  |  |  |   |   |
| Liabilit  | y Waiver, Assumption o   | of Risk and Release   | and Other Term   | s   |  |  |  |   |   |
| be here<br>require<br>tennis a<br>loss sus  | after adopted or amended by<br>d SPORTIME may charge cred<br>and in participating in other SP<br>tained by the named participa | y SPORTIME. I further ag<br>it card on file for the ful<br>PORTIME programs, ser<br>ant in, on or about the p | gree to adhere to the<br>Il amount past due pl<br>vices and activities, a<br>premises of SPORTIM | terms of the<br>us a late fee.<br>nd that SPOF<br>E, or arising | payment plan I<br>I acknowledge<br>RTIME shall not<br>out of the use o | I have chose<br>and agree<br>be liable for<br>intended | sen above<br>that the<br>or any ped<br>duse of | ve, and tha<br>ere are cert<br>ersonal injo<br>any facilition | s which now exist or which may<br>t if my account is not paid as<br>tain inherent dangers in playing<br>uries, property damage, or other<br>es, equipment or other property<br>e, infirmity or other illness that |

would prevent the named participant's participation in SPORTIME programs, services and activities. In the case of an 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. 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 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. 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. I hereby authorize SPORTIME to contact me by phone, email and/or text message, and 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 MISSED BY THE NAMED PARTICIPANT, and any make-up authorized must be completed by August 31st of the session year.

**AUTHORIZED SIGNATURE:** DATE:

# **Scan Below for Program Off Dates**



## Register Today!

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

**SPORTIME Lake Isle**