

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

□ Full 34-Week Session: Mon, Sept 15, 2025 - Sun, Jun 21, 2026

Programs are off 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, 5/11/26-5/17/26

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	
PLAYER EMAIL ADDRESS (IF PLAYER IS OVER 13)	PLAYER MOBILE N	UMBER (IF OVER 13)	SCF	HOOL & GRADE EN	IROLLED SEPT	-	
PLAYER USTA NUMBER	PLAYER UNIVERSAL TENI	NIS RATING	COLLEGE	INTEREST			
STREET ADDRESS	ADDRESS 2		CITY		STATE	ZIP	
PARENT/GUARDIAN: FIRST NAME	LAST NAME		EMAIL AD	DRESS (REQUIRED))		
MOBILE PHONE H	HOME PHONE	BUSINESS PHONE		HOW DO YOU PR	EFER TO BE CO	ONTACTED:	
							MAIL
EMERGENCY CONTACT: FIRST NAME	LAST NAME		RELATION TO PLAYER		CONTACT NU	MBER	
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 34 weeks.

ITEM DESCRIPTION	WEEKS	DURATION	COST	# SESSIONS	TOTAL
EXCEL Green/Yellow	34 Weeks	1.5 Hour	\$3,220.00		
EXCEL Yellow	34 Weeks	2 Hour	\$4,115.00		
EXCEL Green/Yellow Matchplay	34 Weeks	1.5 Hour	\$1,870.00		
SUB-TOTAL					
DISCOUNT: Add a 2nd day and save 10% on that 2nd class.					
TOTAL					
DEPOSIT: Required 40% deposit.					
BALANCE DUE					

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

EXC	EL GREEN - 1.5 HOUR
	Mon: 4:30pm - 6:00pm INVITATION ONLY
	Mon: 6:00pm - 7:30pm
	Tue: 6:00pm - 7:30pm
	Wed: 4:30pm - 6:00pm INVITATION ONLY
	Wed: 6:00pm - 7:30pm
	Thur: 6:00pm - 7:30pm
	Fri: 6:00pm - 7:30pm
	Sat: 3:00pm - 4:30pm
GRE	EN MATCHPLAY - 1.5 HOUR
	Sun: 3:00pm - 4:30pm

EXC	EL YELLOW - 1.5 HOUR		
	Tue: 4:30pm - 6:00pm INVITATION ONLY		
	Thur: 4:30pm - 6:00pm INVITATION ONLY		
EXCEL YELLOW - 2 HOUR			
	Mon: 6:00pm - 8:00pm INVITATION ONLY		
	Tue: 6:00pm - 8:00pm		
	Wed: 6:00pm - 8:00pm INVITATION ONLY		
	Thur: 6:00pm - 8:00pm		
	Fri: 6:00pm - 8:00pm		
	Sat: 3:00pm - 5:00pm		
YEL	LOW MATCHPLAY - 1.5 HOUR		
	Sun: 4:30pm - 6:00pm		





SPORTIME Harbor Island PO Box 783, In Harbor Island Park, Mamaroneck, NY 10543 TEL: 914-777-5050 | TEXT: 914-468-4470 www.SportimeNY.com/Harbor-Island | EMAIL: khayot@sportimeny.com

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

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 CVV ZIP	□ Select to make this your guaranteed form of payment on file.					
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:

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:

- 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.

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.

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 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 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 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 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 Harbor Island Mail: PO Box 783, Mamaroneck, NY 10543 Text: 914-468-4470 | Register Online: www.SportimeNY.com/HarborIsland Questions? Contact Harbor Island Director of Tennis, Khayot: Phone: 914-777-5050 | Email: khayot@sportimeny.com