



SPORTIME Harbor Island
 PO Box 783, In Harbor Island Park, Mamaroneck, NY 10543
 TEL: 914-777-5050 | FAX: 914-835-3657
 www.SportimeNY.com/HarborIsland | EMAIL: khayof@sportimeny.com

**SPORTIME EXCEL Green & Yellow Ball
 2020-21 Program Application**

NEW MEMBER EXISTING MEMBER EXISTING MEMBER W/CHANGES

Fall 15-Week Session: Thur, Sept 17, 2020 thru Sun, Jan 17, 2021 **Full 35-Week Session:** Thur, Sept 17, 2020 thru Sun, Jun 27, 2021

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 <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
PLAYER EMAIL ADDRESS (IF PLAYER IS OVER 13)			PLAYER MOBILE NUMBER (IF OVER 13)			SCHOOL & GRADE ENROLLED SEPT		
PLAYER USTA NUMBER		PLAYER UNIVERSAL TENNIS RATING			COLLEGE INTEREST			
STREET ADDRESS		ADDRESS 2		CITY		STATE		ZIP
PARENT/GUARDIAN: FIRST NAME		LAST NAME			EMAIL ADDRESS (REQUIRED)			
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 Costs are for 35 weeks except where indicated. If you have a credit due to COVID-19 program cancellation(s), and would like to apply it to the selected program, please contact us.

ITEM DESCRIPTION	WEEKS	DURATION	COST	# SESSIONS	TOTAL
<input type="checkbox"/> EXCEL Green/Yellow	35 Weeks	1.5 Hour	\$2,760.00		
<input type="checkbox"/> EXCEL Yellow	35 Weeks	2 Hour	\$3,535.00		
<input type="checkbox"/> EXCEL Green/Yellow Matchplay	15 Weeks	1.5 Hour	\$450.00		
<input type="checkbox"/> EXCEL Green/Yellow Matchplay	35 Weeks	1.5 Hour	\$1,050.00		
SUB-TOTAL					
DISCOUNT: Add a 2nd day and save 20% on that 2nd class.					
TOTAL					
DEPOSIT: Required 20% deposit through August 31, 2020. As of September 1, 2020, any EPP installments due at the time of enrollment must be paid in addition to 20% deposit.					
BALANCE DUE					

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

EXCEL 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

EXCEL 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

Tue: 6:00pm - 8:00pm

Wed: 6:00pm - 8:00pm

Thur: 6:00pm - 8:00pm

Fri: 6:00pm - 8:00pm

Sat: 3:00pm - 5:00pm

GREEN / YELLOW MATCHPLAY - 1.5 HOUR

Sun: 4:30pm - 6:00pm



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.



SPORTIME Harbor Island
 PO Box 783, In Harbor Island Park, Mamaroneck, NY 10543
 TEL: 914-777-5050 | FAX: 914-835-3657
 www.SportimeNY.com/HarborIsland | EMAIL: khayot@sportimeny.com

**SPORTIME EXCEL Green & Yellow Ball
 2020-21 Program Application**

NEW MEMBER EXISTING MEMBER EXISTING MEMBER W/CHANGES

PAYMENT INFORMATION Please choose one of the options below:

- CHECK HERE TO CHOOSE SPORTIME'S EASY PAYMENT PLAN - 20% to 40% NON-REFUNDABLE DEPOSIT AND 3 TO 7 MONTHLY PAYMENTS:** The SPORTIME Easy Payment Plan (EPP) requires a 20% non-refundable* deposit to reserve a space in any SPORTIME program with 15 to 36 weekly sessions. For 15-24 week programs, the remaining balance is drafted from a member's valid credit card or bank account in four equal installments, on September 1, October 1, November 1 and December 1 for programs commencing in September or thereafter. For 25-36 week programs, the remaining balance is drafted from a member's valid credit card or bank account in seven installments, 20% on September 1, and then 10% 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. Once enrolled in Full Auto Pay, any additional programs or services 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 20% 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 the LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE AND OTHER TERMS 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.

* Due to the unique and unforeseen circumstances caused by COVID-19, deposits will be refundable prior to program commencement and on a pro-rata basis thereafter in the event of SPORTIME facility closure.

CREDIT CARD		BANK ACCOUNT	
<input type="checkbox"/> I authorize SPORTIME to bill my credit card on file.		<input type="checkbox"/> I authorize SPORTIME to deduct payment(s) from this account.	
<input type="checkbox"/> Please use this card: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER		BANK NAME	
CARD NUMBER	EXPIRATION	ACCOUNT NUMBER	ROUTING NUMBER
<input type="checkbox"/> Select to make this your guaranteed form of payment on file.		<input type="checkbox"/> Select to make this your guaranteed form of payment on file.	
CHARGE TO ACCOUNT		CHECK OR CASH	
<input type="checkbox"/> I understand that I need a guaranteed form of payment on file, and I authorize SPORTIME to use it for payment(s) due.		<input type="checkbox"/> CHECK # _____ <input type="checkbox"/> CASH	AMOUNT
		You must have a credit card on file if you are not paying the full amount.	

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. **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. 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. 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 NAMED PARTICIPANT, and any make-up authorized must be completed by August 31st of the session year.

AUTHORIZED SIGNATURE:

DATE:

Register Today!

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

SPORTIME Harbor Island

Mail: PO Box 783, Mamaroneck, NY 10543

Fax: 914-835-3657 | **Register Online:** www.SportimeNY.com/HarborIsland

Questions? Contact Harbor Island Director of Junior Tennis, Khayot: **Phone:** 914-777-5050 | **Email:** khayot@sportimeny.com