SPORTIME Lynbrook
175 Merrick Road, Lynbrook, NY 11563
TEL: (516) 887-1330 | **FAX**: (516) 593-7462
www.SportimeNY.com/Lynbrook

SPORTIME LYNBROOK BASKETBALL PROGRAM
Winter 2021 Program Application

PROGRAM DESCRIPTION

SPORTIME's Youth Basketball classes are designed to teach players, in age and level specific groups, dribbling and shooting skills, game strategy and sportsmanship. The program runs for 10 weeks starting December 2, 2021. Please see schedule below based on age group.

Winter 10-Week Session Schedule:

Thursdays: Start Date: 12/2/21 - End Date: 2/10/22 - Off Date - 12/30/21

Tuesdays: Start Date: 12/7/21 - End Date: 2/15/22 - Off Date: 12/28/21

PLAYER INFORMATION Please complete all fields and print clearly.

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) | SCHOOL & GRADE ENROLLED SEPT

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: ☐ **PHONE** ☐ **EMAIL** ☐ **TEXT** ☐ **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

PROGRAM/AGES	DAY AND TIME	DURATION	COST	TOTAL
☐ Basketball (11-12 year olds)	Tuesdays: 6:00 - 7:00pm	1 Hour	$199.00	
☐ Basketball (13-15 year olds)	Thursdays: 6:00 - 7:00pm	1 Hour	$199.00	
TOTAL DUE UPON REGISTRATION				

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

Liability Waiver, Assumption of Risk and Release and Other Terms

Payment required in full at the time of registration. 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 method 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 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. I also understand that membership is required for participation in certain SPORTIME programs. 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 the named participant at such address directly. SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED BY THE NAMED PARTICIPANT.

AUTHORIZED SIGNATURE: **DATE:**

Register Today!

Complete this application and return with required payment by mail, fax , or register conveniently online:
Mail: 175 Merrick Road, Lynbrook, NY 11563 | **Fax:** (516) 593-7462 | **Register Online:** www.SportimeNY.com/Lynbrook
Questions? Contact Lynbrook General Manager, Fiorella Labiento | **Phone:** (516) 887-1330 | **Email:** flabiento@sportimeny.com