

PROGRAM INFORMATION

SPORTIME Randall's Island and the John McEnroe Tennis Academy provide a unique Athletic Development model for adult and junior players that encompasses all elements of strength and conditioning, sports science, sports medicine, and nutrition and hydration, to deliver a personalized program to meet each adult or junior player's individual goals - from the professional athlete, to the JMTA student just beginning tournament play, to the deconditioned adult.

At JMTA, we train 52 weeks a year. During every break in regular JMTA programming - winter, spring, summer, fall - we offer training camps for JMTA players so they don't miss a beat.



JMTA and U10 Group Athletic Training

JMTA students receive an initial athletic assessment, and JMTA and U10 Orange level students receive group athletic training, as part of their Academy and U10 curriculums. Age-appropriate athletic training for U10 Red level students is incorporated into on-court training. Recommended for maximal performance!



Please visit www.SportimeNY.com/Manhattan/Events for the JMTA/U10 Group Training Schedule, and for an informative FAQ on athletic training for junior players.

RAMP Up/RAMP Down

Group and private, 30-minute pre-tennis and/or post-tennis play "maintenance" sessions for adults, focusing on stretching, mobility, stability, shoulder and core strength. "RAMP Up" and/or "RAMP Down" before or after your private tennis lesson, group lesson or court time to increase flexibility, maximize performance and reduce injury risk.



ATK Group Athletic Training

ATK players receive complimentary 30-minute RAMP Up or RAMP Down sessions as part of their ATK curriculum. Recommended for maximal performance!



Please visit us online for the ATK Group Training Schedule at www.SportimeNY.com/Manhattan/Events.

Nutrition/Hydration Counseling

While technique and training are vital to the success of any player/athlete, nutrition, hydration and the ability to recover are keys to success both on and off-court. Program includes:



- Initial Nutrition Consultation
- Development of Nutritional Program
- Follow-up Progress Assessment and Plan Review

Detailed Screenings

Performance Assessment: Assessment of an athlete's movement competency, including on-court speed, strength and power production.

Performance Assessment and Injury Risk Screening: Performed by a physical therapist or certified Athletic Trainer to ascertain areas of increased injury risk and those in need of improvement.



Athletic Training: One-on-One and Group Sessions

A Detailed Performance Screening is required prior to the first training session. If certain injury indicators are present, a Detailed Injury Risk and Performance Screening may also be required. After the applicable screenings are conducted, a training program is then designed to address any deficits or movement faults identified by the screening process, to improve performance, to decrease injury risk and to build the foundation for long-term athletic development on and off the court.



Physical Therapy

Please contact Andrew Small at asmall@sportimemy.com for information.



Performance Staff

Director of Performance

Richard-John Mensing, Jr., CSCS, NASM-PET
rmensing@sportimemy.com

Assistant Director of Performance
Colby Mamigonian, BS, CSCS, PST
cmamigonian@sportimemy.com

Advisor to Performance Dept.

Andrew Small, MPhtyST, BScApp (HMS-Ex Sci)
Physical Therapist, Exercise Physiologist
amall@sportimemy.com

Visit us online at www.JMTA.com for a full listing of our world-class Performance Training Staff.

Start Training Today!

Complete the application on the reverse to get started. Contact Performance Director Richard-John Mensing, Jr. or Assistant Director Colby Mamigonian at 212-427-6150, or by email for more information.

Please complete all fields and print clearly. Players must be active SPORTIME members to participate in SPORTIME/JMTA programs.

PARTICIPANT INFORMATION NEW MEMBER EXISTING MEMBER EXISTING MEMBER W/CHANGES

PARTICIPANT FIRST NAME _____ PARTICIPANT LAST NAME _____
 GENDER MALE FEMALE
 DATE OF BIRTH _____ HEALTH / ALLERGIES / RESTRICTIONS (IF ANY) _____
 PARENT / GUARDIAN FIRST NAME (IF PARTICIPANT IS A MINOR) _____ PARENT / GUARDIAN LAST NAME _____
 HOW DO YOU PREFER TO BE CONTACTED?
 PHONE EMAIL TEXT
 EMAIL ADDRESS (REQUIRED) _____
 STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____
 HOME PHONE _____ BUSINESS PHONE _____ CELL PHONE _____
 EMERGENCY CONTACT NAME _____ RELATION TO PLAYER _____ EMERGENCY PHONE _____
 HOW DID YOU HEAR ABOUT US? WORD OF MOUTH MAIL WEB SOCIAL MEDIA AD REFERRAL

PROGRAM COSTS 40% DEPOSIT IS REQUIRED FOR SESSION PACKAGES. 17 AND 34 WEEK PACKAGES INCLUDE COMPLIMENTARY PERFORMANCE SCREENING. PRICES BELOW ARE PER PERSON.

PRIVATE TRAINING	COST	# SESSIONS	TOTAL
<input type="checkbox"/> Performance Assessment and Injury Risk Screening - Per Diem	\$275.00	_____	\$ _____
<input type="checkbox"/> Performance Assessment - Per Diem	\$150.00	_____	\$ _____
<input type="checkbox"/> RAMP Up/RAMP Down - .5 Hour Private - Senior - Per Diem	\$50.00	_____	\$ _____
<input type="checkbox"/> RAMP Up/RAMP Down - .5 Hour Private - Senior - 17 Weeks	\$850.00	_____	\$ _____
<input type="checkbox"/> RAMP Up/RAMP Down - .5 Hour Private - Senior - 34 Weeks	\$1,700.00	_____	\$ _____
<input type="checkbox"/> RAMP Up/RAMP Down - .5 Hour Private - Master - Per Diem	\$75.00	_____	\$ _____
<input type="checkbox"/> RAMP Up/RAMP Down - .5 Hour Private - Master - 17 Weeks	\$1,275.00	_____	\$ _____
<input type="checkbox"/> RAMP Up/RAMP Down - .5 Hour Private - Master - 34 Weeks	\$2,550.00	_____	\$ _____
<input type="checkbox"/> Private Athletic Training - 1 Hour Private - Senior - Per Diem	\$150.00	_____	\$ _____
<input type="checkbox"/> Private Athletic Training - 1 Hour Private - Senior - 17 Weeks	\$2,550.00	_____	\$ _____
<input type="checkbox"/> Private Athletic Training - 1 Hour Private - Senior - 34 Weeks	\$5,100.00	_____	\$ _____
<input type="checkbox"/> Private Athletic Training - 1 Hour Private - Master - Per Diem	\$200.00	_____	\$ _____
<input type="checkbox"/> Private Athletic Training - 1 Hour Private - Master - 17 Weeks	\$3,400.00	_____	\$ _____
<input type="checkbox"/> Private Athletic Training - 1 Hour Private - Master - 34 Weeks	\$6,800.00	_____	\$ _____
<input type="checkbox"/> Nutrition/Hydration - Initial Counseling/Plan Development - Per Diem	\$350.00	_____	\$ _____
<input type="checkbox"/> Nutrition/Hydration - Follow Up Sessions - Per Diem	\$150.00	_____	\$ _____
GROUP TRAINING	COST	# SESSIONS	TOTAL
<input type="checkbox"/> RAMP Up/RAMP Down - .5 Hour 2 People - Senior - Per Diem	\$30.00	_____	\$ _____
<input type="checkbox"/> RAMP Up/RAMP Down - .5 Hour 3 People - Senior - Per Diem	\$25.00	_____	\$ _____
<input type="checkbox"/> RAMP Up/RAMP Down - .5 Hour 4 People - Senior - Per Diem	\$20.00	_____	\$ _____
<input type="checkbox"/> RAMP Up/RAMP Down - .5 Hour 2 People - Master - Per Diem	\$55.00	_____	\$ _____
<input type="checkbox"/> RAMP Up/RAMP Down - .5 Hour 3 People - Master - Per Diem	\$50.00	_____	\$ _____
<input type="checkbox"/> RAMP Up/RAMP Down - .5 Hour 4 People - Master - Per Diem	\$45.00	_____	\$ _____
<input type="checkbox"/> Group Athletic Training - 1 Hour 2 People - Senior - Per Diem	\$90.00	_____	\$ _____
<input type="checkbox"/> Group Athletic Training - 1 Hour 3 People - Senior - Per Diem	\$75.00	_____	\$ _____
<input type="checkbox"/> Group Athletic Training - 1 Hour 4 People - Senior - Per Diem	\$62.50	_____	\$ _____
<input type="checkbox"/> Group Athletic Training - 1 Hour 2 People - Master - Per Diem	\$140.00	_____	\$ _____
<input type="checkbox"/> Group Athletic Training - 1 Hour 3 People - Master - Per Diem	\$125.00	_____	\$ _____
<input type="checkbox"/> Group Athletic Training - 1 Hour 4 People - Master - Per Diem	\$112.50	_____	\$ _____
SUB-TOTAL			\$ _____
40% REQUIRED DEPOSIT			-\$ _____
BALANCE DUE			\$ _____

TRAINING SCHEDULE Training sessions cancelled fewer than 48-hours in advance will be charged in full. While we will make best efforts to provide you with the coach you request, it may not always be feasible. If we are unable to accommodate your request, we will inform you and recommend another member of our world-class coaching staff.

Preferred Day/Time 1: _____ Preferred Day/Time 2: _____ Preferred Coach: _____

SESSION SCHEDULE

- 34-Week Session: 9/12/16 - 5/28/17
- Session 1: 17-Week Session: 9/12/2016 - 1/22/2017
- Session 2: 17-Week Session: 1/23/2017 - 5/28/2017
- No training from 12/19/16 - 1/1/17 and 3/27/17 - 4/2/17

PAYMENT INFORMATION

- PAYMENT AMOUNT _____
- 40% DEPOSIT (Non-Refundable) PAYMENT IN FULL
- I elect the SPORTIME Easy Payment Plan outlined below.

PAYMENT METHOD:

- CASH CHECK PAYABLE TO SPORTIME
- BANK ACCOUNT: I authorize SPORTIME to deduct from the following account.

BANK NAME _____ ABA NUMBER _____
 BANK ACCOUNT NUMBER _____

- CHARGE TO MY ACCOUNT: I authorize SPORTIME to charge my credit card on file.

- CREDIT CARD: I authorize SPORTIME to charge the credit card below.

MC Visa AMEX Discover

CREDIT CARD NUMBER _____ EXPIRATION _____

Please make this credit card my card on file.

- CHECK HERE TO CHOOSE SPORTIME'S EASY PAYMENT PLAN - 40% NON-REFUNDABLE DEPOSIT AND 2 TO 3 EQUAL MONTHLY PAYMENTS**

The SPORTIME Easy Payment Plan (EPP) requires a 40% non-refundable deposit to reserve a space in any programs with 17 and 34 weekly sessions. For 17 week programs, the remaining balance is drafted from a member's valid credit card or deducted from his/her bank account in two equal installments, on October 1 and November 1, and for 34 week programs three equal installments on October 1, November 1 and December 1. 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 series lessons that a member chooses to charge to his/her SPORTIME member account will be billed and drafted using the EPP schedule.

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. By signing 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. 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.

LIABILITY WAIVER AND ASSUMPTION OF RISK AND RELEASE:

By signing below I agree that I am the named participant, or the parent or legal guardian of the named participant, and that I/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 me/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 myself/the named participant to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent my/his/her participation in SPORTIME programs, services and activities. In the case of accident or injury to me/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. 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 management's sole liability shall be to refund any amounts previously paid on a pro-rata basis. SPORTIME retains the rights to any photographs or video taken at the facility to be used for publicity or advertising. SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED BY THE NAMED PARTICIPANT, and any make-up authorized must be completed by August 31, 2017.

AUTHORIZED SIGNATURE _____ DATE _____