



SPORTIME RANDALL'S ISLAND
 One Randall's Island, New York, NY 10035
 TEL: 212-427-6150 WEBSITE: www.SportimeNY.com/Manhattan

**SUMMER 2019: Adult Group Programs;
 Junior/Adult Tennis & Athletic Training**

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

PLAYER INFORMATION NEW PLAYER EXISTING MEMBER EXISTING MEMBER W/CHANGES

PLAYER FIRST NAME: _____ PLAYER LAST NAME: _____ DATE OF BIRTH: _____ GENDER: MALE FEMALE

EMAIL ADDRESS (REQUIRED): _____ HOME PHONE: _____ BUSINESS PHONE: _____ CELL PHONE: _____

STREET ADDRESS: _____ APT / FL / SUITE: _____ CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACT NAME: _____ RELATION TO PLAYER: _____ EMERGENCY PHONE: _____

HOW DO YOU PREFER TO BE CONTACTED? PHONE EMAIL TEXT

HOW DID YOU HEAR ABOUT US? WORD OF MOUTH MAIL WEB PRINT AD: _____ SOCIAL MEDIA AD: _____ REFERRAL: _____

PROGRAM COSTS (PER PERSON, PER SERIES).

ADULT TENNIS KINETICS GROUP PROGRAMS

ATK INSTRUCTIONAL TENNIS - 2 HOUR

| | MEMBER COST | NON-MEMBER | #OF SERIES | TOTAL |
|--|-------------|------------|------------|----------|
| <input type="checkbox"/> Series of 12* | \$1,325.00 | \$1,500.00 | X _____ = | \$ _____ |
| <input type="checkbox"/> Series of 6 | \$690.00 | \$795.00 | X _____ = | \$ _____ |
| <input type="checkbox"/> Per Class | \$135.00 | \$150.00 | X _____ = | \$ _____ |

SUB-TOTAL \$ _____

***10% DISCOUNT: If signed up with full payment by June 1, 2019** -\$ _____

GROUP PROGRAMS SUB-TOTAL \$ _____

PRIVATE TENNIS LESSONS: Circle coach level/session length preferences:

(Rates below are SPORTIME Member rates for weekly, one-hour lessons for the length of the series. For lesson rates for JMTA Directors, Associate Directors, ATP and Touring coaches, or for help with 1/2 Hour, 1 1/2 Hour or Semi-Private Lessons, please contact us. For per diem and non-member lesson rates, contact us.)

| COACH LEVEL | 5-WEEK SERIES | 8-WEEK SERIES | 10-WEEK SERIES | # OF SERIES | COST |
|---|---------------|---------------|----------------|-------------|----------|
| <input type="checkbox"/> Private Lessons - Elite Plus Coach - 1 Hour | \$1,125.00 | \$1,800.00 | \$2,250.00 | X _____ = | \$ _____ |
| <input type="checkbox"/> Private Lessons - Elite Coach - 1 Hour | \$1,025.00 | \$1,640.00 | \$2,050.00 | X _____ = | \$ _____ |
| <input type="checkbox"/> Private Lessons - Master Plus Coach - 1 Hour | \$925.00 | \$1,480.00 | \$1,850.00 | X _____ = | \$ _____ |
| <input type="checkbox"/> Private Lessons - Master Coach - 1 Hour | \$850.00 | \$1,360.00 | \$1,700.00 | X _____ = | \$ _____ |
| <input type="checkbox"/> Private Lessons - Senior Plus Coach - 1 Hour | \$800.00 | \$1,280.00 | \$1,600.00 | X _____ = | \$ _____ |
| <input type="checkbox"/> Private Lessons - Senior Coach - 1 Hour | \$750.00 | \$1,200.00 | \$1,500.00 | X _____ = | \$ _____ |
| <input type="checkbox"/> Private Lessons - Staff Coach - 1 Hour | \$700.00 | \$1,120.00 | \$1,400.00 | X _____ = | \$ _____ |

PRIVATE LESSON TOTAL \$ _____

PRIVATE ATHLETIC TRAINING AND SERVICES (For Physical Therapy services, please contact Emily Ward, DPT, at eward@sportimeny.com)

| | | | |
|---|------------|-----------|----------|
| <input type="checkbox"/> Private Athletic Training - 1 Hour Private - Director | \$8,500.00 | X _____ = | \$ _____ |
| <input type="checkbox"/> Private Athletic Training - 1 Hour Private - Elite | \$6,800.00 | X _____ = | \$ _____ |
| <input type="checkbox"/> Private Athletic Training - 1 Hour Private - Master Plus | \$5,950.00 | X _____ = | \$ _____ |
| <input type="checkbox"/> Private Athletic Training - 1 Hour Private - Master | \$5,100.00 | X _____ = | \$ _____ |
| <input type="checkbox"/> Performance Assessment and Injury Risk Screening (Per Diem) | \$275.00 | X _____ = | \$ _____ |
| <input type="checkbox"/> Performance Assessment (Per Diem) | \$150.00 | X _____ = | \$ _____ |
| <input type="checkbox"/> Nutrition/Hydration - Initial Counseling/Plan Development (Per Diem) | \$350.00 | X _____ = | \$ _____ |
| <input type="checkbox"/> Nutrition/Hydration - Follow Up Sessions (Per Diem) | \$150.00 | X _____ = | \$ _____ |

ATHLETIC TRAINING AND SERVICES TOTAL \$ _____

TOTAL DUE \$ _____



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ADULT SUMMER TENNIS PROGRAMS

Summer 2019 Application

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SCHEDULE SELECTION

12-WEEK SESSION: 6/10/19 - 8/28/19. NO PLAY: 7/4/19

GROUP PROGRAMS

Mon, 7:00pm-9:00pm Tue, 7:00pm-9:00pm Wed, 7:00pm-9:00pm Thurs., 7:00pm-9:00pm

PRIVATE TENNIS LESSONS

Private Tennis Lessons cancelled fewer than 48-hours in advance will be charged in full.

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

Session 1 Preferred Coach 1*: _____ Coach 2* _____

If applicable:

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

Session 2 Preferred Coach 1*: _____ Coach 2* _____

PRIVATE ATHLETIC TRAINING AND SERVICES

For Physical Therapy services, please contact Emily Ward, DPT, at eward@sportimemy.com

Athletics Training and Physical Therapy sessions cancelled fewer than 48-hours in advance will be charged in full.

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

Session 1 Preferred Coach 1*: _____ Coach 2* _____

If applicable:

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

Session 2 Preferred Coach 1*: _____ Coach 2* _____

*While we will make best efforts to provide you with the tennis and/or athletic training coach(es) 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 staff.

PAYMENT METHOD

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

MC Visa AMEX Discover

CREDIT CARD NUMBER EXPIRATION

Please make this my guaranteed form of payment on file.

BANK ACCOUNT: I authorize SPORTIME to deduct from the following account.

BANK NAME ABA NUMBER

BANK ACCOUNT NUMBER

Please make this my guaranteed form of payment on file.

CHARGE TO MY ACCOUNT: Guaranteed form of payment on file required, and I authorize SPORTIME to use it for payment(s) due.

CHECK PAYABLE TO SPORTIME **CASH**

PAYMENT TERMS, LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE AND OTHER TERMS: By signing below I understand that payment in full is due no later than the first day of play. 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, in athletic training 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 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. I understand that any and all classes or series

purchased must be used by August 31, 2019. 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 alterations. I understand and agree that SPORTIME retains the rights to any photographs or video taken of me/us and/or 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.sportimemy.com/privacy_policy.php. If the named participant is a minor and his/her email address is provided above, I authorize SPORTIME to contact him/her at such address directly.

PARENT / GUARDIAN SIGNATURE DATE