



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

**SUMMER 2020: Adult Group Programs; Junior/Adult
Private Tennis Lessons & 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

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

 EMAIL ADDRESS (REQUIRED) HOME PHONE BUSINESS PHONE CELL PHONE

 PARENT/GUARDIAN FIRST NAME (IF PLAYER IS A MINOR) PARENT/GUARDIAN LAST NAME PARENT/GUARDIAN EMAIL ADDRESS (REQUIRED)

 STREET ADDRESS APT / FL / SUITE CITY STATE ZIP

 EMERGENCY CONTACT NAME RELATION TO PLAYER EMERGENCY PHONE
 HOW DID YOU HEAR ABOUT US? WORD OF MOUTH MAIL WEB PRINT AD: _____ SOCIAL MEDIA AD: _____ REFERRAL: _____
 HOW DO YOU PREFER TO BE CONTACTED?
 PHONE EMAIL TEXT

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				\$ _____
GROUP PROGRAMS SUB-TOTAL				\$ _____

PRIVATE TENNIS LESSONS: Coach level/session length preferences: (Rates below are SPORTIME Member rates for weekly, one-hour lessons for the length of the series. For rates for JMTA Directors, or for help with 1/2 Hour, 1 1/2 Hour or Semi-Private Lessons, 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	\$1,250.00	\$2,000.00	\$2,500.00	X _____ =	\$ _____
<input type="checkbox"/> Private Athletic Training - 1 Hour Private - Elite	\$1,000.00	\$1,600.00	\$2,000.00	X _____ =	\$ _____
<input type="checkbox"/> Private Athletic Training - 1 Hour Private - Master Plus	\$875.00	\$1,400.00	\$1,750.00	X _____ =	\$ _____
<input type="checkbox"/> Private Athletic Training - 1 Hour Private - Master	\$750.00	\$1,200.00	\$1,500.00	X _____ =	\$ _____
<input type="checkbox"/> Performance Assessment and Injury Risk Screening (Single Session)			\$250.00	X _____ =	\$ _____
<input type="checkbox"/> Nutrition/Hydration - Initial Counseling/Plan Development (Single Session)			\$350.00	X _____ =	\$ _____
<input type="checkbox"/> Nutrition/Hydration - Follow Up Sessions (Single Session)			\$150.00	X _____ =	\$ _____

ATHLETIC TRAINING AND SERVICES TOTAL

TOTAL DUE

\$ _____
\$ _____



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SCHEDULE SELECTION

13-WEEK SESSION: 6/8/20 - 9/4/20. NO PLAY: 7/4/20

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@sportimeny.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 or service. 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, 2020. I also understand that membership is required for participation in SPORTIME programs and does NOT terminate automatically when a program ends; membership may only be cancelled as set forth in the SPORTIME membership agreement. PLUS and Platinum Membership discounts do not apply to transportation charges. 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. SPORTIME retains the rights to any photographs or video taken at the facility to be used for publicity, marketing, social media or advertising. 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