



SPORTIME Harbor Island
PO Box 783, In Harbor Island Park
Mamaroneck, NY 10543
TEL: 914-777-5050

SPORTIME Lake Isle
660 White Plains Road
Eastchester, NY 10709
TEL: 914-777-5151

USTA Adult League Tennis Spring/Summer 2024 15 Week Program Application

MEMBER NON-MEMBER

USTA Season: April 29, 2024 - August 4, 2024 - Practices start April 15, 2024

PLAYER INFORMATION Please complete all fields and print clearly.

PLAYER: FIRST NAME		LAST NAME		DATE OF BIRTH	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
PLAYER EMAIL ADDRESS		PLAYER MOBILE NUMBER		USTA RATING	USTA Member #	
STREET ADDRESS		ADDRESS 2		CITY	STATE	ZIP
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 Cost are per person, and includes: Fifteen 1.5 hour team practices with a 4:1 ratio, match fees for 1 match/team a week and balls, Coach present at most home and away matches, off-court mental and tactical training. Make ups must be done by 8/31/24. Make ups guarantee for weather only.

ITEM DESCRIPTION	DURATION	SESSIONS	COST	# SESSIONS	TOTAL
<input type="checkbox"/> Team Member Cost	1.5 Hour	15	\$1,185.00		
<input type="checkbox"/> Team Non-Member Cost	1.5 Hour	15	\$1,365.00		
TOTAL					
DISCOUNT: 20% off Second Practice Pack					
DEPOSIT: Required 40% deposit.					
BALANCE DUE					



Schedule Selection Please indicate your preference(s).

WEEKDAY PRACTICE SCHEULE			WEEKEND PRACTICE SCHEDULE		
<input type="checkbox"/> Wednesdays	2.5	9:30am - 11:00am - HARBOR ISLAND ***Time might change starting 6/26/24	<input type="checkbox"/> Saturdays	2.5/3.0 Women	8:30am - 10:00am
<input type="checkbox"/> Tuesdays	3.0	9:30am - 11:00am - LAKE ISLE until 6/18/24 11:00am - 12:30pm - LAKE ISLE starting 6/25/24	<input type="checkbox"/> Saturdays	3.0/3.5 Women	10:00am - 11:30am
<input type="checkbox"/> Mondays	3.0	9:30am - 11:00am - HARBOR ISLAND until 6/17/24 11:00am - 12:30pm - HARBOR ISLAND starting 6/24/24	<input type="checkbox"/> Saturdays	3.5/4.0 Men	8:30am - 10:00am
<input type="checkbox"/> Wednesdays	3.0/3.5	11:00am - 12:30pm - HARBOR ISLAND	<input type="checkbox"/> Sundays	3.0 Men	8:00am - 9:30am
<input type="checkbox"/> Thursdays	3.0/3.5	9:00am - 10:30am - HARBOR ISLAND until 6/20/24 8:30am - 10:00am - HARBOR ISLAND starting 6/27/24	<input type="checkbox"/> Sundays	3.5/4.0 Women	9:30am - 11:00am
<input type="checkbox"/> Thursdays	3.5	11:00am - 12:30pm - LAKE ISLE	MATCH INFORMATION		
<input type="checkbox"/> Fridays	3.5	9:00am - 10:30am - HARBOR ISLAND until 6/21/24 8:30am - 10:00am - HARBOR ISLAND starting 6/28/24	Women's 2.5 (18 & Over)	Mondays	
<input type="checkbox"/> Fridays	4.0	11:00am - 12:30pm - HARBOR ISLAND	Women's 3.0 (40 & Over)	Tuesdays	
			Women's 3.0 (18 & Over)	Thursdays	
			Women's 3.5 (18 & Over)	Mondays	
			Women's 3.5 (40 & Over)	Wednesdays	
			Women's 4.0 (18 & Over)	Tuesdays	
			Women's 4.0 (40 & Over)	Thursdays	
			Women's 4.5 (18 & Over)	Mondays	

Register Today! Complete both sides of this application and return with the required deposit by mail, fax or email. See more information on the reverse.



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Payment Information Please select your payment method:

<input type="checkbox"/> CREDIT CARD			
<input type="checkbox"/> I authorize SPORTIME to bill my credit card on file.		<input type="checkbox"/> Please use this card: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER	
CARD NUMBER	ZIP CODE	CVV	EXPIRATION
<input type="checkbox"/> Select to make this your guaranteed form of payment on file.			
<input type="checkbox"/> CHECK OR CASH			
You must have a credit card on file if you are not paying the full amount.		<input type="checkbox"/> CHECK <input type="checkbox"/> CASH	IF CHECK, NO. AMOUNT

Payment Plan Please choose one of the options below:

OPTION A: SPORTIME'S EASY PAYMENT PLAN The SPORTIME Easy Payment Plan (EPP) requires a 40% non-refundable deposit to reserve a space in any SPORTIME program, with the remaining balance charged to a member's valid credit card, for programs commencing in September or thereafter, as follows:

- For 15 week programs, remaining balance to be drafted in two (2) equal installments, on May 1 and June 1; or

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. **If I did not choose Full Auto Pay as my payment profile on my SPORTIME Membership Agreement, by choosing the EPP, I am hereby authorizing SPORTIME to change such profile to Full Auto Pay, effective immediately.** Once enrolled in Full Auto Pay, any additional programs or services that members choose to charge to their SPORTIME accounts will be billed and drafted using the EPP schedule..

OPTION B: PAYMENT IN FULL BY FIRST DAY OF PLAY 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.

Liability Waiver, Assumption of Risk and Release and Other Terms

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 agree to adhere to the terms of the payment plan 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, 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/the named participant's participation in SPORTIME programs, services and activities. In the case of an 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 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 understand that any and all classes or sessions purchased must be used by August 6th of the session year. **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. 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 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.sportimeny.com/privacy_policy.php. If the named participant is a minor and an email address is provided above, I authorize SPORTIME to contact the named participant at such address directly.

AUTHORIZED SIGNATURE: _____ **DATE:** _____

Register Today!

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

SPORTIME Westchester
Mail: PO Box 783, Mamaroneck, NY 10543
Fax: 914-835-3657

Questions? Contact Adult Tennis Coordinator, Sue Vaughan: **Phone:** 914-777-5050 | **Email:** svaughan@sportimeny.com