SPORTIME AMAGANSETT **SUMMER 2025 JUNIOR PROGRAMS** SPORTIME/JNTA U10 PROGRAMS - AGES 3-10 🗢 JUNIOR TENNIS KINETICS - AGES 10+

SPORTIME offers the finest tennis programming for young players, supervised by a world-class staff of experienced tennis coaches, all at the largest, most beautiful facility in the Hamptons. Our summer programs challenge and progress our students, while enhancing their fitness and confidence and providing positive social interaction. Check out SPORTIME's unique, cutting-edge junior tennis programs and sign up now!

SPORTIME/JMTA U10 Programs - Ages 3-9

SPORTIME'S U10 Mac Red and Mac Orange programs guide our youngest, newest players through clearly defined stages of development that follow a progression of court sizes, ball types (red and orange) and net heights, making it possible for kids to actually play tennis from the moment they step on the court. SPORTIME U10 Tennis combines the best principles of child learning with world-class tennis instruction to create a truly innovative and engaging program. Our "gamification" approach, that allows players to go on missions, acquire skills, collect points and achieve milestones, is a part of SPORTIME's fun and challenging environment, where our kids are encouraged to take risks, to use their intellect and to find solutions. If you think all U10 programs are alike, they are not. Get your child into the game at SPORTIME!

Junior Tennis Kinetics - Ages 10+

(for players who have progressed to green or yellow ball) JTK, SPORTIME'S well-established instructional and recreational junior tennis clinic, has been revamped for the 2023 season and focuses on students who have progressed to playing with either low-compression green or standard vellow balls. JTK aims to develop the whole player - physically, mentally, tactically and technically - and encourages students to master key fundamentals, including movement, balance, agility and rally skills, which provide the foundation for them to become complete players.

JUNE 9TH - AUGUST 30TH

SPORTIME'S coaching philosophy is designed to help our students learn how to play the game (the tactical) and to give them the means to execute those tactics (the technical). Our tactical games are designed so that students get to perfect and practice winning tactics in "live ball" point situations in each session. Keep your child progressing and loving the game at SPORTIME!

Program Schedules:

- JTK Yellow: June 9 Aug 30/ Mon, Wed, Fri & Sat
- JTK Green: June 9 Aug 30 / Mon, Wed, Fri & Sat
- U10/Orange: June 10 Aug 30 / Tue, Thur & Sat
- U10/Red: June 10 Aug 30 / Tue, Thur & Sat
- Parent/Child Tournament: Aug 16
- USTA/UTR Tournaments

Register Today!

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in Geb

(631) 267-1038 **SPORTIME Amagansett** 320 Abrahams Path, Amagansett, NY 11930 www.SportimeNY.com/Amagansett



SPORTIME Amagansett 320 Abrahams Path, P.O. Box 778, Amagansett, NY 11930 TEL/TXT: (631) 267- 1038 www.SportimeNY.com/AM, amagansett@sportimeny.com

SPORTIME AMAGANSETT

Summer Junior Tennis Programs Application 2025

□ EXISTING MEMBER □ NEW MEMBER

TENNIS PROGRAM SEASON: JUNE 9, 2025 - AUGUST 30, 2025

Play	er Inf	formation	Please complete all fields and print clearly.
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PLAYER: FIRST NAME	LAST NAME		DATE OF BIRTH			GENDER		
								□ NON-BINARY
PLAYER EMAIL ADDRESS (IF 13 AND OVER)	PLAYER MO	BILE NUMBER (IF 13 AND OVER)			SCHOOL & GRAD	DE ENROLLED SEPT		
BILLING ADDRESS	APT/P.O.BOX	CITY		STATE	ZIP		HOME PH	ONE
PARENT/GUARDIAN 1: FIRST NAME	LAST NAME	MOBILE I			ADDRESS (REQUIR	,		
PARENT/GUARDIAN 2: FIRST NAME	LAST NAME	MOBILE	HONE	EMAIL	ADDRESS (REQUIR	ED)		
EMERGENCY CONTACT: FIRST NAME	LAST NAME	RELATION	TO PLAYER		CONTACT NUM	BER		
ALLERGIES / HEALTH RESTRICTIONS		HOW DID YOU HEAR ABOUT US?						
		□ Word of Mouth □ Mai	□ Web	□ Instagram	□ Facebook	□ Twitter □	Print Ad	□ Referral

Program Costs Please select the program you are registering for and select program dates. PLEASE NOTE, ANY CANCELLATIONS MADE LESS THAN 24 HOURS IN ADVANCE, OR NO SHOWS, WILL RESULT IN A FULL CHARGE. ALL SUMMER CLASSES MUST BE USED BY NOVEMBER 9, 2025. Make-up classes are available for classes cancelled due to inclement weather.

ITEM DESCRIPTION	DURATION	DAILY	5 + CLASSES	10 + CLASSES	#PACKAGE/DAYS	TOTAL
U10/MAC Red Ball - Tues, Thurs & Sat 4pm - 5pm	1 Hour	\$55.00	\$260.00	\$495.00		
U10 Orange Ball - Tues, Thurs & Sat 4pm- 5:30pm	1.5 Hour	\$85.00	\$385.00	\$725.00		
□ JTK Green Ball - Mon, Wed, Fri & Sat 4pm - 5:30pm	1.5 Hour	\$85.00	\$385.00	\$725.00		
□ JTK Yellow Ball - Mon, Wed, Fri & Sat 4pm - 5:30pm	1.5 Hour	\$85.00	\$385.00	\$725.00		
Parent/Child Tournament - Aug 17 - Free for Members.						
PROGRAM TOTAL						
PAYMENT IN FULL IS DUE UPON REGISTRATION - Call or Text (631) 267-1038 to sign-up for drop-in classes						\$

Schedule Selection Please check all weeks/or individual days that apply.

SELECT WEEK	SELECT WEEK	SELECT WEEK		
□ WEEK 1: JUN 9 - JUN 14	□ WEEK 5: JUL 7 - JUL 12	□ WEEK 9: AUG 4 - AUG 8		
□ WEEK 2: JUN 16 - JUN 21	□ WEEK 6: JUL 14 - JUL 19	U WEEK 10: AUG 11 - AUG 16		
□ WEEK 3: JUN 23 - JUN 28	□ WEEK 7: JUL 21 - JUL 26	U WEEK 11: AUG 18 - AUG 23		
□ WEEK 4: JUN 30- JUL 5	U WEEK 8: JUL 28 - AUG 2	□ WEEK 12: AUG 25 - AUG 30		

Payment Information Please select your Payment Method and Agree to Payment Terms.

CREDIT CARD	PAYMENT, LIABILY WAIVER, ASSUMPTION OF RISK AND RELEASE AND OTHER TERMS					
□ I authorize SPORTIME to charge my credit card on file.	I understand that payment in full is required to enroll in Sportime Clubs, LLC ("SPORTIME") Junior Tennis Programs in Amagansett, and consent that SPORTIME may charge the credit card I have provided for the full amount due. 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					
Please use this card: MC VISA AMEX DISCOVER CARD NUMBER EXPIRATION CVV ZIP	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 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 oth property of SPORTIME. I hereby further declare the named participant to be physically sound and suffering from no co					
□ Check here to make this your guaranteed form of payment on file.	impairment, disease, infirmity or other illness that would prevent the named participant's participation in SPORTIME programs, services and activities. In the case of 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 no refunds will be given for withdrawals or for unused program sessions and that all sessions must be used before					
CHARGE TO ACCOUNT	November 9, 2025. I understand that if a session is not canceled at least 24 hours in advance, or if a "no-show" occurs, I am					
I understand that I need a guaranteed form of payment on file, and I authorize SPORTIME to use it for payment(s) due.	responsible for payment of the full session fee. I also accept that SPORTIME does not guarantee make-ups for missed sessions. 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 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.					
CHECK OR CASH						
CHECK # CASH AMOUNT	PARENT/GUARDIAN SIGNATURE DATE					
Payment in full is required.						
Register Today! Complete this application and re	turn with the required denosit or program amount by mail fax or email.					

Register Todayl Complete this application and return with the required deposit or program amount by mail, fax or email: SPORTIME Amagansett, Mail: P.O. BOX 778, Amagansett, NY 11930 Fax: (631) 267-1082 Email: Amagansett@SportimeNY.com Please call or text (631)267-1038 or email Amagansett@SportimeNY.com with questions