



# JOHN McENROE TENNIS ACADEMY

## 2019-2020 Universal Program Application

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

**PLAYER INFORMATION**     NEW MEMBER     EXISTING MEMBER

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

PLAYER EMAIL ADDRESS (IF PLAYER IS 13 AND OLDER) \_\_\_\_\_ USTA MEMBERSHIP NUMBER \_\_\_\_\_ UTR PROFILE NUMBER \_\_\_\_\_ SCHOOL AND GRADE ENROLLED 2019-20 \_\_\_\_\_

PARENT/GUARDIAN FIRST NAME \_\_\_\_\_ PARENT/GUARDIAN LAST NAME \_\_\_\_\_ PARENT/GUARDIAN EMAIL ADDRESS (REQUIRED) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APT / FL / SUITE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ HOW DO YOU PREFER TO BE CONTACTED?  PHONE  EMAIL  TEXT

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: \_\_\_\_\_

**PROGRAM COSTS (Rates are for 34-week sessions, unless otherwise noted. Please complete schedule and other information on the reverse side)**

TENNIS	COST	#SESSIONS	TOTAL
<b>JMTA GROUP TRAINING</b> (Green and yellow ball. Price is for one (1) Session. Players are required to enroll in a minimum of two (2) sessions per week)			
<input type="checkbox"/> JMTA - Group Program - 2 Hour	\$5,950.00	X _____	= \$ _____
<b>MAC RED &amp; ORANGE GROUP TRAINING</b> (Ages 10 and under. Prices are for one (1) Session)			
<input type="checkbox"/> MAC Red Ball Program - 2 Hour	\$3,715.00	X _____	= \$ _____
<input type="checkbox"/> MAC Orange Ball Program - 2 Hour	\$4,760.00	X _____	= \$ _____
<b>PRIVATE SERIES TENNIS LESSONS</b> (PLEASE NOTE: For private lessons between 8:00am and 6:00pm, on Saturdays and Sundays, a seasonal court is required and a separate application must be completed. For rates for JMTA Directors, Associate Directors, ATP and Touring Pros, or for help with 1/2 Hour, 1 1/2 Hour or Semi-Private Lessons, please contact us.)			
<input type="checkbox"/> Private Lessons - Elite Plus Coach - 1 Hour	\$7,650.00	X _____	= \$ _____
<input type="checkbox"/> Private Lessons - Elite Coach - 1 Hour	\$6,970.00	X _____	= \$ _____
<input type="checkbox"/> Private Lessons - Master Plus Coach - 1 Hour	\$6,290.00	X _____	= \$ _____
<input type="checkbox"/> Private Lessons - Master Coach - 1 Hour	\$5,780.00	X _____	= \$ _____
<input type="checkbox"/> Private Lessons - Senior Plus Coach - 1 Hour	\$5,440.00	X _____	= \$ _____
<input type="checkbox"/> Private Lessons - Senior Coach - 1 Hour	\$5,100.00	X _____	= \$ _____
<input type="checkbox"/> Private Lessons - Staff Coach - 1 Hour	\$4,760.00	X _____	= \$ _____
<b>TENNIS TOTAL</b>			<b>\$ _____</b>
<b>PRIVATE ATHLETIC TRAINING AND SERVICES</b> (For Physical Therapy services, please contact Emily Ward, DPT, at <a href="mailto:eward@sportimemy.com">eward@sportimemy.com</a> )			
<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 _____	= \$ _____
<b>ATHLETIC TRAINING AND SERVICES TOTAL</b>			<b>\$ _____</b>
<b>TRANSPORTATION OPTIONS</b> (Shuttle Pick-Ups on 3rd Avenue and Central Park West, and Drop-Offs on Park Ave, 2nd Avenue and CPW, at designated locations between 72nd and 96th Streets.)			
<input type="checkbox"/> Shuttle - One-Way	\$1,020.00	X _____	= \$ _____
<input type="checkbox"/> Shuttle - Round-Trip	\$2,040.00	X _____	= \$ _____
<input type="checkbox"/> Door-to-Door - One-Way	\$1,360.00	X _____	= \$ _____
<input type="checkbox"/> Door-to-Door - Round-Trip	\$2,720.00	X _____	= \$ _____
<b>TRANSPORTATION TOTAL</b>			<b>\$ _____</b>
<b>SUB-TOTAL ALL</b>			<b>\$ _____</b>
<b>40% REQUIRED DEPOSIT</b>			<b>-\$ _____</b>
<b>BALANCE DUE</b>			<b>\$ _____</b>

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

**SCHEDULE SELECTION**

**34-WEEK SESSION: 9/9/19 - 5/24/20. NO PLAY: 12/23/19 thru 1/5/20 and 3/23/20 thru 3/29/20**

**GROUP TRAINING SESSIONS:** Please check preferred days and times. You will be contacted by a SPORTIME/JMTA Director if the days and times chosen are not compatible with your player's age and/or level.

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Mon, 4:00pm-6:00pm | <input type="checkbox"/> Wed, 4:00pm-6:00pm | <input type="checkbox"/> Fri, 4:00pm-6:00pm | <input type="checkbox"/> Sun, 6:00pm-8:00pm |
| <input type="checkbox"/> Mon, 6:00pm-8:00pm | <input type="checkbox"/> Wed, 6:00pm-8:00pm | <input type="checkbox"/> Fri, 6:00pm-8:00pm |   |
| <input type="checkbox"/> Tue, 4:00pm-6:00pm | <input type="checkbox"/> Thu, 4:00pm-6:00pm | <input type="checkbox"/> Sat, 4:00pm-6:00pm |   |
| <input type="checkbox"/> Tue, 6:00pm-8:00pm | <input type="checkbox"/> Thu, 6:00pm-8:00pm | <input type="checkbox"/> Sun, 4:00pm-6:00pm |   |

**PRIVATE TENNIS LESSONS**

- For Private Tennis Lessons between 8:00am and 6:00pm, on Saturdays and Sundays, a seasonal court and a separate application is required.
- Private Tennis lessons are not available on weekdays from 4:00pm-8:00pm.
- Private Tennis Lessons cancelled fewer than 48-hours in advance will be charged in full.

Lesson 1 Preferred Day/Time 1: \_\_\_\_\_ Day/Time 2 \_\_\_\_\_  
 Lesson 1 Preferred Coach 1\*: \_\_\_\_\_ Coach 2\* \_\_\_\_\_  
 If Applicable:  
 Lesson 2 Preferred Day/Time 1: \_\_\_\_\_ Day/Time 2 \_\_\_\_\_  
 Lesson 2 Preferred Coach 1\*: \_\_\_\_\_ Coach 2\* \_\_\_\_\_

**PRIVATE ATHLETIC TRAINING AND SERVICES**

- For Physical Therapy services, please contact Emily Ward, DPT, at [eward@sportimemy.com](mailto:eward@sportimemy.com)
- Athletic 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.

**TRANSPORTATION PICK-UP/DROP-OFF LOCATIONS AND TIMES**

After submitting this application you will receive an email from our transportation director with a link to choose shuttle or door-to-door transport, to enter pick-up and drop-off times and locations, and to provide related information. If you do not receive this email within a week of submitting your application, please email [transportationri@sportimemy.com](mailto:transportationri@sportimemy.com) or call the club.

**PAYMENT INFORMATION**

**CHECK HERE TO CHOOSE SPORTIME'S EASY PAYMENT PLAN - 40% NON-REFUNDABLE DEPOSIT AND 3 EQUAL MONTHLY PAYMENTS** The SPORTIME Easy Payment Plan (EPP) requires a 40% non-refundable deposit to reserve a space in any program with 34 weekly sessions. The remaining balance is drafted from a member's valid credit card or bank account in 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. **OR**

**CHECK HERE TO CHOOSE 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.

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.

**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**

**LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE AND OTHER TERMS:** 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 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 activities, in having the named participant transported to and from SPORTIME, if applicable, 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, about or off 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 named participant to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent his/her 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 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 all private tennis lesson and training**

**sessions purchased must be used by August 31, 2020. I also understand that membership is required for participation in SPORTIME programs, and that 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 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: [http://www.sportimemy.com/privacy\\_policy.php](http://www.sportimemy.com/privacy_policy.php). If the named participant's email address is provided above, I authorize SPORTIME to contact him/her at such address directly. **SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED BY THE PARTICIPANT.** Authorized make-ups for group programs can be scheduled only during the designated "make-up week", from May 25, 2020 - May 31, 2020.

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE DATE