



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

ADULT TENNIS PROGRAMS

2020-2021 Universal Program Application

Please complete all fields and print clearly.

PLAYER INFORMATION NEW MEMBER 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: _____ REFERRAL: _____

PROGRAM COSTS PRICES ARE PER PERSON, ONE SESSION PER WEEK. (Membership is required to participate in Sportime programs).

ADULT TENNIS KINETICS GROUP PROGRAMS	34 WEEK MEMBER	17 WEEK MEMBER	#SESSIONS	TOTAL
<input type="checkbox"/> ATK Instructional Doubles	\$3,695.00	\$2,045.00	X _____ =	\$ _____
<input type="checkbox"/> ATK Instructional Singles	\$4,195.00	\$2,295.00	X _____ =	\$ _____
<input type="checkbox"/> ATK After Work	\$3,695.00	\$2,045.00	X _____ =	\$ _____
<input type="checkbox"/> ATK Elite	\$3,695.00	\$2,045.00	X _____ =	\$ _____
<input type="checkbox"/> ATK College Elite Level Practice	\$3,695.00	\$2,045.00	X _____ =	\$ _____
<input type="checkbox"/> ATK Boot Camp	\$3,695.00	\$2,045.00	X _____ =	\$ _____
<input type="checkbox"/> League/Interclub practice	\$2,190.00	\$1,095.00	X _____ =	\$ _____
<input type="checkbox"/> Discounted league/Interclub practice (if enrolled in one or more other ATK programs)				-\$ _____
SUB-TOTAL ADULT GROUP PROGRAMS				\$ _____

PRIVATE SERIES TENNIS LESSONS (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, or for assistance 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 _____ =	\$ _____
PRIVATE SERIES TENNIS LESSONSTOTAL				\$ _____

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

<input type="checkbox"/> Private AthleticTraining - 1 Hour Private - Director	\$8,500.00		X _____ =	\$ _____
<input type="checkbox"/> Private AthleticTraining - 1 Hour Private - Elite	\$6,800.00		X _____ =	\$ _____
<input type="checkbox"/> Private AthleticTraining - 1 Hour Private - Master Plus	\$5,950.00		X _____ =	\$ _____
<input type="checkbox"/> Private AthleticTraining - 1 Hour Private - Master	\$5,100.00		X _____ =	\$ _____
<input type="checkbox"/> Performance Assessment and Injury Risk Screening (Single Session)	\$275.00		X _____ =	\$ _____
<input type="checkbox"/> Nutrition/Hydration - Initial Consultations/Plan Development (Single Session)	\$350.00		X _____ =	\$ _____
<input type="checkbox"/> Nutrition/Hydration - Follow Up Sessions (Single Session)	\$150.00		X _____ =	\$ _____
ATHLETIC TRAINING AND SERVICESTOTAL				\$ _____
SUB-TOTAL ALL				\$ _____
REQUIRED DEPOSIT				-\$ _____
BALANCE DUE				\$ _____



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

ADULT TENNIS PROGRAMS

2020-2021 Universal Program Application

Please complete all fields and print clearly.

SCHEDULE SELECTION (Please check all sessions for which you are enrolling):

- 17-WEEK SESSION: 9/8/20 - 1/17/21 17-WEEK SESSION: 1/18/21 - 5/24/21 34-WEEK SESSION: 9/8/20 - 5/24/21
No Play: 12/21/20 - 1/3/21 and 3/22/21 - 3/28/21

ATK INSTRUCTIONAL DOUBLES

- Monday, 9:30am - 11:30am
 Wednesday, 9:30am - 11:30am

ATK INSTRUCTIONAL SINGLES

- Friday, 9:30am - 11:30am

ATK Boot Camp

- Saturday, 7:00 am to 9:00 am

ATK AFTER WORK

- Monday, 8:00pm - 10:00pm
 Tuesday, 8:00pm - 10:00pm
 Thursday, 8:00pm - 10:00pm

ATK ELITE (Level 4.0)

- Doubles - Tuesday, 9:30am - 11:30am
 Doubles - Thursday, 9:30am - 11:30am
 Singles - Friday, 9:30am - 11:30am

ATK COMPETITIVE LEAGUE and INTERCLUB MATCHES

(Intermediate to Advanced Levels)

- Join the Team (Practices and match times will vary)

ATK Elite College Level Practice (4.5-5.0 Level)

- Wednesday, 8:00pm - 10:00pm

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@sportimeny.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.

SPORTIME MEMBERSHIP AGREEMENT

All players must be active Sportime members to participate in Sportime/JMTA programs. After you submit this application, you will receive an email outlining membership options and year-round privileges and benefits. You will also receive a link to complete and sign a membership application if your player is not yet a member. Questions? Membershippri@sportimeny.com

PAYMENT INFORMATION

PLEASE CHOOSE ONE OF THE FOLLOWING PAYMENT OPTIONS:

- CHECK HERE TO CHOOSE SPORTIME'S EASY PAYMENT PLAN - 20% TO 40% DEPOSIT AND 2 TO 4 EQUAL MONTHLY PAYMENTS The SPORTIME Easy Payment Plan (EPP) requires a 20% non-refundable* deposit to reserve a space in any 17 week fall program or 34 week program, commencing in September. For 34 week programs, the remaining balance is drafted from a member's valid credit card or bank account in four equal installments on September 1, October, November 1 and December 1, and for 17 week fall programs in three equal installments, on September 1, October 1 and November 1. For 17 week spring programs, commencing in January, a 40% non-refundable deposit is required, and the remaining balance is drafted from a member's valid credit card or bank account in two equal installments on February 1 and March 1. For enrollment in any SPORTIME program after August 31st, or for spring programs, 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. Once enrolled in Full Auto Pay, any additional programs or services that a member chooses to charge to member's SPORTIME account will be billed and drafted using the EPP schedule.
- 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 20% 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.

*Due to the unique and unforeseen circumstances caused by COVID-19, deposits will be refundable prior to program commencement and on a pro-rata basis thereafter in the event of Sportime facility closure.

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 acknowledge that I am the participant named above, and agree to 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 participating in athletic training activities, 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, 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 myself to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent my participation in SPORTIME programs, services and activities. In the case of accident or injury to me, 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 lessons and athletic training sessions must be used by August 31, 2021. 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. 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 me 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. SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED BY THE PARTICIPANT, and make-ups authorized by Sportime must be completed by August 31, 2021.

PARENT / GUARDIAN SIGNATURE DATE



REGISTER TODAY! Complete both sides of this application and return with the required deposit by mail, fax or register conveniently online:
Mail: SPORTIME Randall's Island, One Randall's Island, New York, NY 10035 | Tel: (212) 427-6150 | Online: www.SportimeNY.com/Manhattan