

John McEnroe Tennis Academy (JMTA)

- MAC Orange (Ages 6-9): Wed & Sat, 4-5:30pm
- Green Ball (Ages 7-11): Thurs & Sat, 4-5:30pm
- Yellow Ball (Ages 9-18): Mon & Sat, 4-5:30pm

All 90 minute JMTA Orange, Green and Yellow ball sessions feature a combination of drills, live-ball games, point play and more.

JMTA MAC Red

MAC Red (Ages 3-6): Tue & Sat, 3-4pm

MAC Red Introduces tennis to our youngest players using larger, low-compression red balls and kid-sized courts, nets and equipment. MAC Red ball students learn technical and tactical basics, and begin to play the game from their first days on the court.



Register Today!

To register, complete the application on the back. Or contact us by calling or texting (631) 267-1038 or by emailing amagansett@sportimeny.com.







(631) 267-1038

SPORTIME Amagansett/JMTA Hamptons 320 Abrahams Path Amagansett, NY 11930 www.SportimeNY.com/Amagansett





PLAYER EMAIL ADDRESS (IF 13 AND OVER)

BILLING ADDRESS

Player Information Please complete all fields and print clearly.

SPORTIME Amagansett / JMTA Hamptons

APT/P.O. BOX

320 Abrahams Path, P.O. Box 778, Amagansett, NY 11930 TEL: (631) 267-1038

www.SportimeNY.com/AM, amagansett@sportimeny.com

PLAYER MOBILE NUMBER (IF 13 AND OVER)

SPORTIME AMAGANSETTJMTA Training Sessions Spring Application 2025

DATE OF BIRTH

STATE

SCHOOL & GRADE ENROLLED SEPT

☐ EXISTING PLAYER ☐ NEW PLAYER

HOME PHONE

GENDER

JMTA TRAINING SESSIONS SPRING SEASON: April 12, 2025 - June 7, 2025

PARENT/GUARDIAN 1: FIRST NAME LAST NAME		MOBILE PHONE EMAIL ADDRESS (REQUIRED)								
PARENT/GUARDIAN 2: FIRST NAME LAST NAME		MOBILE PHONE EMAIL AD			JIRED)					
EMERGENCY CONTACT: FIRST NAME LAST NAME		RELATION TO PLAYER		CONTACT NU	MBER					
ALLERGIES / HEALTH RESTRICTIONS	HOW DID YOU HEAR A	ABOUT US?								
	☐ Word of Mouth	☐ Mail ☐ Web	o 🗆 Instagram	☐ Facebook	⊤□Twit	ter 🗆 Pi	rint Ad [☐ Referral		
Program Costs Please select the program you are registering for ar OR NO SHOWS WILL RESULT IN A FULL CHARGE. ALL SUMMER CLASTICLEMENT WEATHER.										
ITEM DESCRIPTION	DURATION	DAILY	5+ CLASSES 10 + CLASSES		ASSES	#PACKAGE/DAYS		TOTAL		
MAC Red Ball (ages 3-6) - Tue & Sat 3pm - 4pm	1 Hour	ur \$55.00/class \$260.00		\$495	\$495.00					
☐ MAC Orange Ball (ages 6-9) - Wed & Sat 4pm- 5:30pm	1.5 Hour	ır \$85.00/class \$385.00		\$725	.00					
☐ JMTA Green Ball (ages 7-11) - Thurs & Sat 4pm - 5:30pm	1.5 Hour	\$85.00/class	\$385.00	\$725.00						
☐ JMTA Yellow Ball (ages 9-18) - Mon & Sat 4pm - 5:30pm	1.5 Hour	\$85.00/class	\$385.00	\$725	.00					
PAYMENT IN FULL IS DUE UPON REGISTRATION. No refunds for any	unused classes.									
Schedule Please check all days that apply. Drop-ins welcome, call or	r text (631) 267-	1038 to check ava	ilability and to r	eserve your	child's sp	oot.				
SELECT DAYS M T W T	F S	SELECT DAYS		М	Т	W	Т	F	S	
□ WEEK 1: April 7 - April 12		☐ WEEK 6: May 12 - May 17								
□ WEEK 2: April 14 - April 19		□ WEEK 7: May 19 - May 24								
☐ WEEK 3: April 21 - April 26		☐ WEEK 8: May 26 - May 31								
☐ WEEK 4: April 28 - May 3		□ WEEK 9: Jur	WEEK 9: June 2 - June 7							
□ WEEK 5: May 5 - May 10										
Payment Information Please select your Payment Method and	Agree to Payme	nt Terms.								
CREDIT CARD		ENT, LIABILY WA	IVER, ASSUMP	TION OF RI	SK AND	RELEASE	E AND OT	THER TE	RMS	
☐ I authorize SPORTIME to charge my credit card on file.		tand that payment in fu								
a reactionize of outline to charge my create eard on me.	am the r	ORTIME may charge the chamed participant, and to	that I will abide by all	rules and regul	ations which	n now exist o	or which may	y be hereaft	er adopted	
☐ Please use this card: ☐ MC ☐ VISA ☐ AMEX ☐ DISCOVER	participa	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 me in, on or about the premises of SPORTIME, or arising out of the use							sonal	
CARD NUMBER EXPIRATION CVV 2	or intend sound a	ded use of any facilities, nd suffering from no cor	equipment or other inditions, impairment,	oroperty of SPO disease, infirmi	RTIME. I he	reby further Ilness that v	declare mys vould prever	elf to be ph nt my partici	ysically ipation	
☐ Check here to make this your guaranteed form of payment on file	be reach responsi	in SPORTIME programs, services and activities. In the case of accident or injury, and if an emergency contact person cannot be reached, I grant SPORTIME permission to obtain medical attention for me, 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 November 9, 2025. I understand that if a session is not canceled at least 24 hours in advance, or if a "no-show"								
CHARGE TO ACCOUNT	occurs, I	am responsible for pay	ment of the full session	on fee. I also ac	cept that SP	ORTIME do	es not guarai	ntee make-u	ups for	
☐ I understand that I need a guaranteed form of payment on file, and I authorize SPORTIME to use it for payment(s) due.		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 hereby authorize SPORTIME to contact me by phone, email and/or text message. 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								
CHECK OR CASH		ed at: https://www.spor					Ç	,	,	
☐ CHECK # ☐ CASH	DARENT	PARENT/GUARDIAN SIGNATURE DATE								
Payment in full is required.	FANEINI	TAILETTY GOARDIAN SIGNATURE								