

☐ Thur: 4:00pm - 5:00pm

SUMMER TENNIS PROGRAM SEASON: JUNE 24, 2024 - AUGUST 30, 2024

PLAYER: FIRST NAME	LAST NAME			DATE OF BIRTH		
PLAYER EMAIL ADDRESS (IF PLAYER IS OVER 13)	PLAYER MOBILE NUMBE	FR (IF OVER 13)		SCHOOL & GRADE		IALE MALE
		(!! 072!! 13)		3011002 0 010132		
STREET ADDRESS	ADDRESS 2		CITY		STATE ZIP	
PARENT/GUARDIAN: FIRST NAME	LAST NAME		EN	MAIL ADDRESS (REQUIR	ED)	
MOBILE PHONE HOME PHONE	BUS	SINESS PHONE		HOW DO YOU P	REFER TO BE CONTACTED:	:
EMERGENCY CONTACT: FIRST NAME	LAST NAME		RELATION TO PLAYE		NE DEMAIL DI	TEXT MAIL
EMERGENCI CONTACT. PIAST NAIME	LAST NAIVIE		RELATION TO PLATE	N.	CONTACT NOWBER	
How did you hear about us? ☐ Word of Mouth ☐ Mai	il □ Web □ Social Media _	D#	\d \	Referral, who can w	e thank?	
Program Costs Costs are per person. Payment is due	in full upon registration					
Togram costs costs are per person, rayment is due	in ruii upon registration.					
U10 PROGRAMS - 10 WEEKS	DURATION	MEMBER COST	NON-MEMBER COST	PER DIEM	# SESSIONS	TOTAL
☐ SPORTIME Bounce	1 Hour	\$325.00	\$325.00	\$40.00		
☐ SPORTIME U10 - Red Ball	1 Hour	\$365.00	\$425.00	\$45.00		
☐ SPORTIME U10 - Orange Ball	1 Hour	\$420.00	\$480.00	\$55.00		
HINDS SECONAL ASSUERVS	BURATION	MEMBER	NON-MEMBER	DED DIEM		
JUNIOR PROGRAMS - 10 WEEKS	DURATION	COST	COST	PER DIEM		
☐ EXCEL Green Ball	1.5 Hour	\$645.00	\$720.00	\$70.00		
Likele Green Ball	1.5 11001	Ş043.00	\$720.00	Ş70.00		
□ EXCEL Yellow Ball	2 Hour	\$910.00	\$1,010.00	\$95.00		
		ψ320100	V 1,010.00	Ψ33.00		
TOTAL						
Schedule Selection Please check boxes that appl	y. All Programs are off on T	uesday, July 4th c	lasses will be held N	londay July 3rd.		
BOUNCE - 1 HOUR		EXCEL (GREEN - 1.5 HOUR			
☐ Tue: 4:00pm - 5:00pm		□ M	on: 4:00pm - 5:30pm			
☐ Thur: 4:00pm - 5:00pm		□ We	ed: 4:00pm - 5:30pm			
RED BALL - 1 HOUR		EVCEL	YELLOW - 2 HOUR			
Tue: 4:00pm - 5:00pm			on: 4:00pm - 6:00pm			
		_	· · · · · ·			
☐ Thur: 4:00pm - 5:00pm			ed: 4:00pm - 6:00pm			
ORANGE BALL - 1 HOUR						
☐ Tue: 4:00pm - 5:00pm						

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Payment Information

CREDIT CARD								
☐ I authorize SPORTIME to charge my credit card on file.								
☐ Please use this card: ☐ MC ☐ VISA ☐ AMEX ☐ DISCOV	ER							
CARD NUMBER	CVV	EXPIRATION DATE	ZIP CODE					
☐ Check here to make this your guaranteed form of payment on file.								
CHARGE TO ACCOUNT								
□ I understand that I need a guaranteed form of payment on file, and I authorize SPORTIME to use it for payment(s) due.								
CHECK OR CASH								
☐ CHECK # ☐ CAS	БН	AMOUNT						
PAYMENT, 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, or that I am 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 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 or 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 his/her/my participation in SPORTIME programs, services and activities. In the case of 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. 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/us and/or the named participant at SPORTIME facilities or at off-site SPORTIME programs or events, to be used for SPORTIME retains the rights to any photographs or video taken of me/us 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 advertisi								
PARENT/GUARDIAN SIGNATURE	DATE							

Register Today!

Complete both sides of this application and return with payment in full by mail, fax or email, or register conveniently online:

SPORTIME Quogue

Mail: 2571 Quogue-Riverhead Road, East Quogue, NY 11942

Fax: 631-653-8315 | Register Online: www.SportimeNY.com/Quogue.

Questions? Contact Quogue Director of Tennis, Ivan Mardones: Phone: 631-653-6767 | Email: imardones@sportimeny.com