

MEMBER: FIRST NAME

SPORTIME Lake Isle 660 White Plains Road, Eastchester, NY 10709 **TEL**: 914-777-5151 | **FAX**: 914-337-4820 www.SportimeNY.com/Lakelsle | **EMAIL**: lakeisle@sportimeny.com

Personal Information Please complete all fields and print clearly.

SPORTIME Lake Isle 2024 MEMBERSHIP APPLICATION

DATE OF BIRTH

APPLICATION REQUIREMENTS:

If an individual applicant is a minor (junior)/under the age of 18, a parent or legal guardian must complete and sign the application on the minor's behalf. For Family Memberships, all individuals included under such membership, who are not minors/are 18 years of age or older, must sign this application individually. In addition to the signed application, a current bill (e.g. gas or electric) in your name with address, along with an acceptable photo ID, must be submitted to verify residency and identity.

OUTDOOR SEASON DATES: MAY 25, 2024 THRU SEPTEMBER 2, 2024

LAST NAME

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	NEW TENNIS	
	MEMBERS GET 10%	
	OFF first season's	
	dues. PICKLEBALL	
4	dues. Flunction	F
	AVAILABLE!	

ADDITIONAL FAMILY MEMBERS (IF FAMILY MEMBERSHIP, DOB OF CHILDREN UN	NAL FAMILY MEMBERS (IF FAMILY MEMBERSHIP, DOB OF CHILDREN UNDER 18 MOBILE NUMBER			IOBILE NUMBER
BILLING STREET ADDRESS AP	T#	CITY	STATE ZIP	HOME PHONE
EMERGENCY CONTACT: FIRST NAME LAST NAME		RELATION TO PLAYER	CONTACT NUME	BER
HOW DID YOU HEAR ABOUT US? Word of Mouth Mail Web Instagram Facebook	☐ Twitter ☐ Print	Ad Referral	NTRP SELF RATIN	G (2.0 TO 5.0 AND ABOVE)
Membership Types				
RESIDENT: Resident rates below are offered to all Eastchester, Bronxvill residents.	e and Tuckahoe	COST		TOTAL
☐ Family		\$965.00		
☐ Individual		\$505.00		
☐ Individual Senior**		\$460.00		
☐ Individual Junior *		\$305.00		
NON-RESIDENT		COST		TOTAL
☐ Family		\$1,350.00		
□ Individual		\$750.00		
☐ Individual Senior **		\$650.00		
☐ Individual Junior*		\$475.00		
MEMBERSHIP COST * Juniors: 18 years of age or younger, ** Seniors: age 65 and over. Some restrictions	s apply.		\$	
Payment Information Please select your payment method:				
In order to establish house charge privileges, you must provide curre balance automatically charged to your credit card each month. YES, I would like to establish house charge privileges for the 2024 st. NO, I do not wish to establish house charge privileges for the 2024 st.	ent credit card inforr eason and would like eason.	my account balance automatical	ly charged to the following cro	•
□ CREDIT CARD				
☐ I authorize SPORTIME to bill my credit card on file.		☐ Please use this card: ☐ MC ☐ VISA ☐ AMEX ☐ DISCOVER		
CARD NUMBER	EXPIRATION	☐ Select to make this your guaranteed form of payment on file.		



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CONDITIONS OF MEMBERSHIP

By signing this application, I am hereby accepting the following terms and conditions of SPORTIME membership for the 2024 season. Memberships are not refundable and are transferable at the sole discretion of management. All members must establish house charge privileges on an annual basis. In order to establish such privileges, I am providing valid credit card information above. I hereby consent that if my account balance is not paid in full within 30 days of the date that a monthly statement is issued to me, SPORTIME Clubs, LLC (the Club or SPORTIME) may charge the credit card listed above for the full amount past due. I understand that if I choose not to establish charge privileges, I must pay for all goods and services at the point of sale. I hereby agree to abide by all rules and regulations of the Club. If an individual applicant is a minor (junior)/under the age of 18, a parent or legal guardian must complete and sign this application on the minor's behalf. For Family or Couples Memberships, all individuals included under such membership, who are not minors/are 18 years of age or older, must sign this application individually.

LIABILY WAIVER, ASSUMPTION OF RISK AND RELEASE AND OTHER TERMS

- 1) I/We agree that there are certain inherent dangers in playing tennis, in participating in fitness, sports and related activities, in using related equipment and machinery, and in using SPORTIME's transportation service where applicable. In consideration of being allowed to participate in the activities, programs and services of SPORTIME and to use its facilities, equipment and machinery, in addition to the payment of any fee or charge, to the fullest extent permitted by law, I/We do hereby waive, release and forever discharge SPORTIME and its partners, members, officers, agents, employees, representatives, executors and any others acting on their behalves, from any and all responsibility or liability arising from injuries or damage resulting from , or in any way arising out of or connected with my/our and/or my/our children's participation in any activities, programs and services of the Club or from my/our and/or/ my/our child/ren's use of its facilities, equipment and machinery.
- 2) I/We understand and agree that tennis, sports and fitness activities, including the use of related equipment and machinery, are potentially hazardous activities, which can potentially result in serious injury and even death. I/We and/or my/our child/ren am/are voluntarily participating in these activities and using the Club's equipment and machinery with knowledge of the dangers involved. I/We hereby agree to expressly assume and accept any and all risks of injury or death to me/us and/or my/our child/ren. In the case of accident or injury to me/us and/or my/our child/ren, and if an emergency contact person cannot be reached, I/Wegrant SPORTIME permission to obtain medical attention, if necessary, for which I /we will be financially responsible.
- 3) I/We do hereby further declare myself/ourselves/ and/or my/our children to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent my/our and/or my/our child/ren's participation in tennis, fitness and sports activities and/or my/our and/or my/our child/ren's use of related equipment and machinery. I/We do hereby acknowledge that I/We have been informed of the need for a physician to approve my/our and/or my/our child/ren's participation in such activities, and my/our and/or my/our child/ren's use of related equipment and machinery. I/We also acknowledge that the Club has recommended that I/We and/or my/our child/ren have an annual or more frequent physical examination and consultation with a physician so that I/We my/our child/ren my/our child/ren's participation in such activities and use of such machinery and equipment. I/We acknowledge that I/We and/or my/our child/ren have either had a physical examination and been given my/our physician's permission to participate in tennis, sports and fitness activities and to use related equipment and machinery, or that I/We have decided to participate in such activities and to use such equipment and machinery, and/or to allow mu/our child/ren to do so, without the approval of a physician, and do hereby assume all responsibility for my/our and/or my/our child/ren's participation in such activities and use of such equipment and machinery.
- 4) I/We understand and agree that SPORTIME retains the rights to any photographs or video taken of me/us and or my/our child(ren) at Sportime facilities or at off-site SPORTIME programs or events, to be used for SPORTIME publicity, marketing, social media and advertising. I/We also agree that by providing an email address(es) for my/our minor child(ren) ages 13 and above, I /We authorize SPORTIME to contact him/her/them directly at such address(es). SPORTIME's Privacy Policy can be viewed at: https://www.sportimeny.com/privacy_policy.php.

By signing below, I/we are acknowledging that I/We have read this entire Agreement, including, but not limited to, the Conditions of Membership and the Liability Waiver, Assumption of Risk and Release, and that I/we and or my/our minor child(ren) agree to be bound by its terms and conditions.

RESPONSIBLE PARTY / MAIN MEMBER SIGNATURE	DATE
2ND RESPONSIBLE PARTY / ADULT MEMBER SIGNATURE (IF APPLICABLE)	DATE
SPORTIME AUTHORIZED SIGNATURE (IF APPLICABLE)	DATE

SP@RTIME
TENNIS SPORTS FITNESS

Register Today!

Complete both sides of this application and return with payment information by mail, fax or email:

SPORTIME Lake Isle

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Fax: 914-337-4820 | Register Online: www.SportimeNY.com/Lakelsle

Questions? Contact Lake Isle Phone: 914-777-5151

Email: LakeIsle@sportimeny.com

