

ADULT TENNIS PROGRAMS 2016 Winter-Spring Program Application

□ NEW MEMBER □ EXISTING MEMBER □ EXISTING MEMBER W/CHANGES

Please complete all required information and print clearly. Membership is required for participation.

PLAYER INFORMATION GENDER: MALE	FEMALE				REGISTER TODAY!		
				MM/ DD/ YYYY	Complete this application and		
PLAYER FIRST NAME PLAYER LAST NAME				DATE OF BIRTH	return with the required deposit to:		
	PLA	YER LEVEL: D BEG.	BEGINT. TERNAL USE - CO.		SPORTIME Syosset Tennis &		
EMAIL ADDRESS (REQUIRED)		TOKINI			Multi-Sport - JMTA ANNEX		
					75 Haskett Drive		
STREET ADDRESS	ITY		STATE	ZIP	Syosset, NY 11791		
000-000-0000 000-0000	000-000-0000	□ PHON			or Fax: 516-364-3928		
HOME PHONE BUSINESS PHONE CE	LL PHONE	HOW DO	YOU PREFER TO I	BE CONTACTED?			
			000	0000-0000	APPLY ONLINE:		
EMERGENCY CONTACT	RELATION TO PLAYE	R	EMERGENC	(PHONE	www.sportimeny.com/stm		
HOW DID YOU HEAR ABOUT US?	Web □ Ad	Refe	erral				
					SCHEDULE		
PROGRAM COSTS 40% deposit is required. Price		oon for one time nor	week		PROGRAM SESSIONS		
	es below dre per per	son, lor one lime per	week.		18 Wks: 2/1/2016 - 6/26/2016		
ADULT PROGRAMS					Adult TK Programs		
PROGRAM NAME	DURATION	18 WEEK COST	QTY/WEEK	COST	Please tell us your preferred days and times:		
Adult TK - Group Lessons	1 Hour	\$750.00		\$	#1		
Adult TK - Group Lessons	1.5 Hour	\$975.00		\$	#2		
Adult TK - Group Lessons	2 Hour	\$1,325.00		\$	#3		
Adult TK - Road to Nationals	1.5 Hour	\$975.00		\$	#4		
ADULT LEAGUES							
PROGRAM NAME	DURATION	18 WEEK COST	QTY/WEEK	COST	Leagues - Daytime - Women's Singles 4.0-4.5 Monday 11:00 AM - 12:30 PM		
					□ 3.0-3.5 Thursday 11:30 AM - 1:00 PM		
Daytime - Women's Singles	1.5 Hour	\$475.00		\$			
Daytime - Women's Doubles	1.5 Hour	\$410.00		\$	Leagues - Daytime - Women's Doubles		
Evening - Men's Singles	1.5 Hour	\$625.00		\$	□ 3.5-4.0/7.0-7.5 Tuesday 9:30 AM - 11:00 AM		
□ The SPORTIME Zone	1.5 Hour	\$825.00		\$	□ 3.0 Friday 9:30 AM - 11:00 AM		
					□ 3.5 Friday 11:00 AM - 12:30 PM		
TOTAL				\$			
REQUIRED 40% DEPOSIT				\$	Leagues - Evening - Men's Singles □ 4.0-4.5 Monday 9:30 PM - 11:00 PM		
BALANCE				\$	□ 4.0-4.3 Monday 9.30 PM - 11:00 PM		
					□ 3.5 Wednesday 9:30 PM - 11:00 PM		
					The SPORTIME Zone		

ADDITIONAL INFORMATION:			4.5 Monday	9:30 AM - 11:00 AM
•	Interested in private and semi-private lessons? Please ask for an application.		3.5/4.0 Mon	12:30 PM - 2:00 PM
•	For a listing of program off dates, please visit us online at www.sportimeny.com/stm.			11:00 AM - 12:30 PM
			4.0/4.5 Wed	10:30 AM - 12:00 PM

PAYMENT INFORMATION PAYMENT AMOUNT AMOUNT IS: \$000.00 40% DEPOSIT (Non-Refundable) PAYMENT IN FULL	DISCLAIMER: Payment Terms, Liability Waiver and Assumption of Risk and Release 1 understand that membership is required for partic- ipation in SPORTIME programs and that this application must be accompanied by the required, non-refundable deposit to confirm registra- tion. I further understand that for program sessions (a session is defined as a series of classes) 18 weeks in duration or less, I must remit the required deposit upon enrollment; the remaining balance is due in full by October 1 (for first session) or February 1 (for second ses- sion). For program sessions 19 weeks in duration or more, I must remit the required deposit upon enrollment; the remaining balance is due in full by December 1. If my account is not paid as required, I consent that SPORTIME may charge my checking account/credit card on file for the full amount past due plus a late fee. I accept that enrollment in SPORTIME programs is for the full session and that no refunds will					
PAYMENT METHOD:	be given for withdrawals or absences after the session begins. Under no circumstances will the deposit be refunded. By signing below I agree that I am either the named participant, or the parent or legal guardian of the named participant, and that we will abide by all rules					
CASH CHECK	and regulations which now exist or which may be hereafter adopted or amended by SPORTIME. I further acknowledge and agree that there					
CHARGE TO MY ACCOUNT: I authorize you to bill my credit card on file.	are certain inherent dangers in playing tennis 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 SPORTIME premises or arising out of the use or intended use of any facilities, equipment or other property of SPORTIME. If I enroll, or enroll my child(ren), in SPORTIME programs and am asked to furnish SPORTIME					
 BANK ACCOUNT: I authorize you to charge my checking account (voided check required) 	with appropriate medical exams, I agree to furnish such exams and records. In addition, in case of accident or injury to me or my child(ren) 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. SPORTIME reserves the right to close courts for repair or alterations. SPORTIME reserves the right to cancel					
CREDIT CARD: MasterCard Visa Other	this contract at any time, at its sole discretion, and management's sole liability shall be to refund any amounts previously paid on a pro-rata basis. SPORTIME retains the rights to any photographs or video taken at the facility to be used for publicity or advertising. SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED BY THE PARTICIPANT, and any make-up authorized must be completed by August 31, 2016.					
CREDIT CARD NUMBER EXPIRATION	SIGNATURE DATE STAFF NAME					