## **ADULT TENNIS** Spring 2025 Program Application NEW MEMBER SISTING MEMBER SISTING MEMBER W/CHANGES

☐ **Spring 18-Week Session:** Mon, Jan, 27, 2025 - Sun, June 15, 2025 Programs are off 2/17/25-2/23/25, 4/14/25-4/20/25, and 5/26/25

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PLAYER INFORMATION Please complete all fields and print clearly. Players must be active SPOF PLAYER: FIRST NAME  LAST NAME			RTIME Members to participate in SPORTIME programs.  DATE OF BIRTH  GENDER			
				5/112 6/ 5/111		
EMAIL ADDRESS (REQUIRED)	NTRP R.		DO YOU PLAY US	STA?	PLAYER UNIVERSAL TENNIS RATING	
STREET ADDRESS ADDRES	SS 2		CITY		STATE 2	ZIP
NO. 15 (1975)	215015					-
MOBILE PHONE HOME PHONE	BUSINESS PHONE HOW DO YOU PREFER TO BE CONTACTED:  PHONE EMAIL TEXT MA					
EMERGENCY CONTACT: FIRST NAME LAST NA	T NAME RELATION TO PLAYER CONTACT NUMBER					
How did you hear about us? ☐ Word of Mouth ☐ Mail ☐ Web	☐ Social Media		Ad			
Program Costs						
ITEM DESCRIPTION			DURATION	18 WEEK COST	# SESSIONS	TOTAL
☐ Leagues - Evening - Singles (See schedule below)			1.5 Hour	\$40.00/play		
☐ Cardio Tennis - All Levels: Sundays 9:00am - 10:00am			1 Hour	\$540.00		
☐ Adult TK - Group Lessons - Beginner: Sat 10am-11am, Sat 11am-12pm			1 Hour	\$540.00		
☐ Adult TK - Group Lessons - Beginner: Sundays 10:00am - 11:30am			1.5 Hour	\$835.00		
☐ Adult TK - Learn N' Play - Intermediate (Level 3.0-3.5): Tuesdays 7:30pm - 9pm			1.5 Hour	\$835.00		
☐ Adult TK - Elite Drills - Advanced (Level 4.0+): Wed 7:30pm-9pm, Thurs 7:30pm-9pm			1.5 Hour	\$835.00		
Adult TK - Group Lessons - Custom programs allow you to choose your tennis professional, day and time. Groups must have a minimum of four players.			1.5 Hour	\$875.00		
TOTAL DUE						
Schedule Selection Please check boxes that apply. Program	ns are off 2/17/25-2,	/23/25, 4/14/2	5-4/20/25, and 5	/26/25		
ADULT LEAGUES - 1.5 HOUR						
☐ Leagues - Singles	3.0-3.5	Mon: 9:00pm - 10:30pm				
□ Leagues - Singles	3.5-4.0	Tue: 9:00pm - 10:30pm				
☐ Leagues - Singles	4.0-4.5+	Wed: 9:00pm - 10:30pm				
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CUSTOM PROGRAMS - PLEASE INDICATE YOUR PREFERENCES Preferred Day/Time (1)	Preferred Coach					
Preferred Day/Time (2)	Preferred Coach					
Preferred Day/Time (3)	Preferred Coach					

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Payment Plan Please choose one of the options below:

program, with the remaining balance charged to a memb  For 8-13 week programs, remaining balance to be dr  For 15-18 week programs, remaining balance to be dr  For 34-36 programs, remaining balance to be drafte  For enrollment in any SPORTIME program after August 31:  to the deposit. EPP participants MUST enroll in Full Auto P  dues, pro shop charges and per diem court time, from suc  Membership Agreement, by choosing the EPP, I am herel  Full Auto Pay, any additional programs or services that me  OPTION B: PAYMENT IN FULL BY FIRST DAY OF PLAY   I us  with this application to confirm registration, and that the	rafted on the first of drafted in three (3) e d in six (6) equal inst st, the amount of an early, thereby authorized the credit card or bank by authorizing SPOR embers choose to chand and early and that if I do not stand that if	the month for qual installments on the control of t	Illowing the mon ents, on Februar October 1, Nove: payment due, p E to draft all clut did not choose nge such profile SPORTIME accou	th during which th y 1, March 1 and A mber 1, December er the schedule ab o charges due on a Full Auto Pay as m to Full Auto Pay, e ints will be billed a	ne program commer April 1; or r 1, January 1, Febru pove, will be due and monthly basis, incl ny payment profile effective immediate and drafted using th	uary 1 and March 1. Index payable in addition luding membership on my SPORTIME ely. Once enrolled in the EPP schedule	
□ CREDIT CARD							
☐ I authorize SPORTIME to bill my credit card on file.		☐ Please us	se this card:	MC □ VISA □	AMEX □ DISCO\	VER	
CARD NUMBER	EXPIRATION	☐ Select to	make this your g	guaranteed form o	of payment on file.		
☐ CHECK OR CASH							
You must have a credit card on file if you are not paying the ful	l amount.	☐ CHECK	□ CASH	IF CHECK, NO.	AMOUN	п	
LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE A	ND OTHER TERMS						
By signing below I agree that I am the named participant and the SPORTIME. I further agree to adhere to the terms of the participant and the SPORTIME. I further agree to adhere to the terms of the participant and its fee. I other SPORTIME programs, services and activities, and that SP about the premises of SPORTIME, or arising out of the use or in the physically sound and suffering from no conditions, impairmed and activities. In the case of an accident or injury to me, and if if necessary, for which I will be financially responsible. I accept withdrawals or absences after the session begins. I also under the right to close courts for repair or alterations. SPORTIME retains the rights to any photographs or video publicity, marketing, social media and advertising. SPORTIME's GUARANTEE MAKE-UPS FOR CLASSES MISSED, and any make-up.	yment plan I have che l acknowledge and a ORTIME shall not be ntended use of any f ent, disease, infirmit an emergency conta that enrollment in rstand that member serves the right to ca I hereby authorize SI taken of me at SPOR s Privacy Policy can be	nosen above, gree that the liable for any facilities, equity or other illustry or other illustry or other illustry or other illustry or other properties of this conportime to out on the facilitie or viewed at:	and that if my ac re are certain inly personal injurie pment or other ness that would nnot be reached rograms is for the red for participa tract at any time ontact me by ph s or at off-site SF https://www.sp	ccount is not paid a nerent dangers in p es, property damag property of SPORT prevent my partici p, I grant SPORTIME e full session and to tion in certain SPO e, at its sole discret one, email and/or PORTIME programs ortimeny.com/priv	as required SPORTIN playing tennis and in ge, or other loss sus IME. I hereby furth pation in SPORTIME permission to obta that no refunds will DRTIME programs. tion, and SPORTIME text message. I und s or events, to be us vacy_policy.php. SP	ME may charge my in participating in stained by me in, on or ner declare myself to E programs, services ain medical attention, ill be given for SPORTIME reserves E's sole liability shall derstand and agree sed for SPORTIME	
AUTHORIZED SIGNATURE:			DATE:				

OPTION A: SPORTIME'S EASY PAYMENT PLAN The SPORTIME Easy Payment Plan (EPP) requires a 40% non-refundable deposit to reserve a space in any SPORTIME

## **Register Today!**

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