

☐ Sat: 12:00pm - 2:00pm

SPORTIME Kings Park 275 Old Indian Head Road, Kings Park, NY 11754 TEL: 631-269-6300 | TEXT: 631-759-4178 www.SportimeNY.com/KingsPark

PLAYER INFORMATION Please complete all fields and print clearly. Players must be active SPORTIME Members to participate in SPORTIME programs.

SPORTIME EXCEL Green & Yellow Ball 2025-2026 Program Application

 \square new member $\ \square$ existing member $\ \square$ existing member w/changes

PLAYER: FIRST NAME	LAST NAME			DATE OF BIF		ALE MALE
PLAYER EMAIL ADDRESS (IF PLAYER IS OVER 13)	PLAYER MOBILE NUMBE	R (IF OVER 13)		SCHOOL & GRAD	DE ENROLLED SEPT	
TREET ADDRESS	ADDRESS 2		CITY		STATE	ZIP
ARENT/GUARDIAN: FIRST NAME	LAST NAME			EMAIL ADDRESS (REQU	IIRED)	
TOBILE PHONE HOME PHONE	RIIS	SINESS PHONE		HOW DO YOU	J PREFER TO BE CONTACT	ED:
IDILE PRONE ROWE PRONE		BOSINESS FITONE			E BEMAIL BTE	
MERGENCY CONTACT: FIRST NAME	LAST NAME		RELATION TO PLA		CONTACT NUMBER	
ow did you hear about us? ☐ Word of Mouth ☐ M	lail 🗆 Web 🗆 Social Media		i	Referral, who can v	ve thank?	
rogram Costs Costs are for 17 and 34 weeks.						
TEM DESCRIPTION		DURATION	17 WEEKS	34 WEEKS	# SESSIONS	TOTAL
EXCEL Green One		1.5 Hour	\$1,615.00	\$2,565.00		
EXCEL Green Two		2 Hour	\$1,935.00	\$3,095.00		
1 EXCEL Yellow Two		2 Hour	\$2,050.00	\$3,275.00		
EXCEL Yellow High Performance		2 Hour	\$2,050.00	\$3,275.00		
Green Matchplay		1.5 Hour	\$690.00	\$1,115.00		
Yellow Matchplay		2 Hour	\$905.00	\$1,465.00		
UB-TOTAL						
SCOUNT: 20% Discount for 2nd Program (exclud	es matchplay), 10% off match	play if enrolled in	two or more prog	rams.		
OTAL						
EPOSIT: Required 40% deposit.						
ALANCE DUE						
hedule Selection Please check boxes that ap	oply. For a list of 'No Play' date	es, please visit us o	online.			
XCEL GREEN ONE - 1.5 HOUR	EXCEL YELLOW TWO -	2 HOUR		EXCEL YELLOW	HIGH PERFORMAN	ICE - 2 HOUI
Mon: 4:30pm - 6:00pm	☐ Mon: 6:00pm - 8:00pm			□ Tues: 7:00pm - 9:00pm		
Wed: 5:30pm - 7:00pm	☐ Wed: 7:00pm - 9:00pm			☐ Wed: 7:00pm - 9:00pm		
Fri: 5:30pm - 7:00pm	☐ Thur: 6:30pm - 8:30pm		☐ Fri: 7:00pm - 9:00pm			
Sat: 12:30pm - 2:00pm	☐ Sun: 1:30pm - 3:30			VELLOW MATC	HPLAY - 2 HOUR	
XCEL GREEN TWO - 2 HOUR				☐ Sat: 2:00p		
Mon: 6:00pm - 8:00pm					•	
Wed: 5:00pm - 7:00pm				GREEN MATCH	PLAY - 1.5 HOUR	
☐ Thur: 4:30pm - 6:30pm				☐ Sun: 12:00	0pm - 1:30pm	
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AUTHORIZED SIGNATURE:

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SPORTIME EXCEL Green & Yellow Ball 2025-2026 Program Application

DATE:

 \square NEW MEMBER $\ \square$ EXISTING MEMBER $\ \square$ EXISTING MEMBER W/CHANGES

Payment Information Please select your payment method:					
□ CREDIT CARD					
☐ I authorize SPORTIME to bill my credit card on file.	☐ Please use this card: ☐ MC ☐ VISA ☐ AMEX ☐ DISCOVER				
CARD NUMBER EXPIRATION CVV ZIP	☐ Select to make this your guaranteed form of payment on file.				
☐ CHECK OR CASH					
You must have a credit card on file if you are not paying the full amount.	□ CHECK □ CASH	IF CHECK, NO.	AMOUNT		
Payment Plan Please choose one of the options below:					
□ OPTION A: SPORTIME'S EASY PAYMENT PLAN The SPORTIME Easy Payment SPORTIME program, with the remaining balance charged to a member's valid • For 8-13 week programs, remaining balance to be drafted on the first of t • For 15-18 week programs, remaining balance to be drafted in three (3) et • For 34 -36 programs, remaining balance to be drafted in six (6) equal inst March 1. For enrollment in any SPORTIME program after August 31st, the amount of an addition to the deposit. EPP participants MUST enroll in Full Auto Pay, thereby membership dues, pro shop charges and per diem court time, from such credit on my SPORTIME Membership Agreement, by choosing the EPP, I am hereby immediately. □ OPTION B: PAYMENT IN FULL BY FIRST DAY OF PLAY II understand that if I dedeposit along with this application to confirm registration, and that the remain agree that if I am paying by check or by cash, and am not paying in full upon s form of payment on file, and that SPORTIME is authorized to charge that card	credit card as follows: the month following the mor qual installments, on Octobe callments on October 1, Nove y installment payment due, p authorizing SPORTIME to dra t card or bank account. If I di authorizing SPORTIME to ch o not choose the EPP describ ning balance must be paid in ubmitting this application, th	ath during which the program r 1, November 1 and December 1, December 1, Januar er the schedule above, will baft all club charges due on a lend of the choose Full Auto Pay a lange such profile to Full Autoed above, I must remit a 40% full by the first day of play. I	or commences; oer 1; or y 1, February 1 and oe due and payable in monthly basis, including of my payment profile to Pay, effective		
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 partic which may be hereafter adopted or amended by SPORTIME. I further agree to adh account is not paid as required SPORTIME may charge credit card on file for the ful inherent dangers in playing tennis and in participating in other SPORTIME program injuries, property damage, or other loss sustained by the named participant in, on any facilities, equipment or other property of SPORTIME. I hereby further declare timpairment, disease, infirmity or other illness that would prevent the named particase of an accident or injury to the named participant, and if an emergency contact attention, if necessary, for which I will be financially responsible. I accept that enrobe given for withdrawals or absences after the session begins. I also understand SPORTIME reserves the right to cancel this contract at any time, at its sole discretion a pro-rata basis. I also understand that membership is required for participation repair or alteration. I understand and agree that SPORTIME retains the rights to an at off-site SPORTIME programs or events, to be used for SPORTIME publicity, marks https://www.sportimeny.com/privacy_policy.php. I hereby authorize SPORTIME to email address is provided above, I authorize SPORTIME to contact the named participation.	ere to the terms of the paym II amount past due plus a late is, services and activities, and or about the premises of SPC the named participant to be point in SPORTIME programment in SPORTIME programment in SPORTIME's sole liabin in certain SPORTIME's sole liabin in certain SPORTIME programment in certain sportiment in certa	ent plan I have chosen above fee. I acknowledge and agre I that SPORTIME shall not be DRTIME, or arising out of the ohysically sound and sufferin RTIME programs, services and I grant SPORTIME permission and I for participation in certain I lity shall be to refund any an ms. SPORTIME reserves the in of the named participant at tising. SPORTIME'S Privacy Pand/or text message, and if ly. SPORTIME DOES NOT GUA	e, and that if my see that there are certain liable for any personal use or intended use of g from no conditions, d activities. In the n to obtain medical that no refunds will SPORTIME programs. nounts previously paid right to close courts for SPORTIME facilities or olicy can be viewed at: the named participant's		

Register Today!

Complete both sides of this application and return with deposit by mail, text, email, or register conveniently online:

SPORTIME Kings Park