PRIVATE LESSONS

2025-2026 Program Application

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

PLAYER INFORMATION Please complete all fields and print		ictive SPORTIME I			~	
PLAYER: FIRST NAME LAST	NAME		DA	ATE OF BIRTH	GENDER FEMALE	□ MALE
PLAYER EMAIL ADDRESS (IF PLAYER IS OVER 13)	PLAYER MOBILE NUMBER (IF OVER 13) SCHOOL (DL & GRADE ENROLLED SI	PT	
STREET ADDRESS ADDR	ESS 2		CITY	STATE	ZIP	
PARENT/GUARDIAN: FIRST NAME LAST I	LAST NAME		EMAIL ADDRESS (REQUIRED)			
MOBILE PHONE HOME PHONE	HOME PHONE BUSINESS PHONE		HOW DO YOU PREFER TO BE CONTACTED:			
EMERGENCY CONTACT: FIRST NAME LAST I	NAME	R	ELATION TO PLAYER	PHONE DEMAI		⊔ MAIL
How did you hear about us? ☐ Word of Mouth ☐ Mail ☐ Web	☐ Social Media		Referral, v	vho can we thank?		
Brancon Casta a conference de la confere						
Program Costs Costs are for 17 and 34 weeks.	DUDATIO	4714554	S 24 WEEKS	" SESSIONS		
ITEM DESCRIPTION ☐ Private Lessons - Staff Professional	DURATIO .5 Hour	\$1,360.0		# SESSIONS	TO ⁻	IAL
□ Private Lessons - Staff Professional	1 Hour	\$2,550.0				
□ Private Lessons - Senior	.5 Hour	\$1,530.0				
☐ Private Lessons - Senior	1 Hour	\$2,635.0				
Private Lessons - Master Professional	.5 Hour	\$1,700.0	0 \$3,230.00			
☐ Private Lessons - Master Professional	1 Hour	\$2,890.0	0 \$5,440.00			
☐ Private Lessons - Director	.5 Hour	\$1,870.0	0 \$3,370.00			
☐ Private Lessons - Director	1 Hour	\$3,060.0	0 \$5,780.00			
TOTAL		·	·			
DEPOSIT: Required 40% deposit.						
BALANCE DUE						
Calculate Calculate						
Drivata lassans might not be available on weekdays from 4,000mm		ON PREFERENCES	ered Coach			
- 8:00pm. 24 hour cancellation policy applies. Other Director a	nd Treferred Bay,		red Coach			
Director Plus rates available upon request.	Preferred Day/	Fime (2) Prefe	red Coach			
* Would you like to take a lesson with a friend? Ask about our Semi-Private Lessons.	Preferred Day/	Fime (3) Prefe	red Coach			

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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

ZIP

CVV

EXPIRATION

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.

Payment Plan Please choose one of the options below:

CARD NUMBER

- 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 program, with the remaining balance charged to a member's valid credit card as follows:
 - For 8-13 week programs, remaining balance to be drafted on the first of the month following the month during which the program commences;
 - For 15-18 week programs, remaining balance to be drafted in three (3) equal installments, on October 1, November 1 and December 1; or
 - For 34 -36 programs, remaining balance to be drafted in six (6) equal installments on October 1, November 1, December 1, January 1, February 1 and March 1.

For enrollment in any SPORTIME program after August 31st, the amount of any installment payment due, per the schedule above, will be due and payable in addition to the deposit. EPP participants MUST enroll in Full Auto Pay, thereby authorizing SPORTIME to draft all club charges due on a monthly basis, including membership dues, pro shop charges and per diem court time, from such credit card or bank account. If I did not choose Full Auto Pay as my payment profile on my SPORTIME Membership Agreement, by choosing the EPP, I am hereby authorizing SPORTIME to change such profile to Full Auto Pay, effective immediately.

OPTION B: PAYMENT IN FULL BY FIRST DAY OF PLAY II understand that if I do not choose the EPP described above, I must remit a 40% non-refundable deposit along with this application to confirm registration, and that the remaining balance must be paid in full by the first day of play. I further understand and agree that if I am paying by check or by cash, and am not paying in full upon submitting this application, that I must provide a valid credit card as a guaranteed form of payment on file, and that SPORTIME is authorized to charge that card for any balance due.

Liability Waiver, Assumption of Risk and Release and Other Terms:

By signing below I agree that I am the named participant, or the parent or legal guardian of 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 agree to adhere to the terms of the payment plan I have chosen above, and that if my account is not paid as required SPORTIME may charge my credit card on file for the full amount past due plus a late fee. I acknowledge and agree that there are certain inherent dangers in playing tennis, in athletic training 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/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 my/the named participant's participation in SPORTIME programs, services and activities. In the case of an 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. I understand that any and all classes or sessions purchased must be used by August 31st of the session year. I also understand that membership is required for participation in certain SPORTIME programs. 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 alterations. I understand and agree that SPORTIME retains the rights to any photographs or video taken of me 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 advertising. SPORTIME's Privacy Policy can be viewed at: https://www.sportimeny.com/privacy_policy.php. I hereby authorize SPORTIME to contact me by phone, email and/or text message, and if the named participant is a minor and an email address is provided above, I authorize SPORTIME to contact the named participant at such address directly.

AUTHORIZED SIGNATURE: DATE:

Register Today!

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

SPORTIME Kings Park

Mail: 275 Old Indian Head Road, Kings Park, NY 11754
Register Online: www.SportimeNY.com/KingsPark.
Questions? Contact Kings Park Director of Tennis, Justioin Redlich:
Phone: 631-269-6300 | Text: 631-759-4178 | Email: jredlich@sportimeny.com