

SPORTIME Lake Isle, JMTA Westchester 660 White Plains Road, Eastchester, NY 10709 TEL: 914-777-5151 | TEXT: 914-517-3190 www.SportimeNY.com/Lakelsle | EMAIL: msouza@sportimeny.com

SPORTIME TENNIS PROGAMS

2025 Private/Semi-Private Application

□ EXISTING MEMBER □ NEW MEMBER

SUMMER TENNIS PROGRAM SEASON: JUNE 23, 2025 - AUGUST 31, 2025

Player Information Please complete all fields and print clearly.

PLAYER: FIRST NAME	LAST NAME			DATE OF E	BIRTH	GENDER	l
PLAYER EMAIL ADDRESS (IF 13 AND OVER)	PLAYER MOB	ILE NUMBER (IF 13 AND OVER)		SCHOOL & GRADE ENROLLED SEPT			
STREET ADDRESS	ADDRESS 2	CITY	STAT	e zip		HOME F	PHONE
PARENT/GUARDIAN 1: FIRST NAME	LAST NAME	MOBILE PHON	E EM	AIL ADDRESS (REQUIE	RED)		
PARENT/GUARDIAN 2: FIRST NAME	LAST NAME	MOBILE PHON	E EM	AIL ADDRESS (REQUIF	RED)		
EMERGENCY CONTACT: FIRST NAME	LAST NAME	RELATION TO F	LAYER	CONTACT NUM	BER		
ALLERGIES / HEALTH RESTRICTIONS		HOW DID YOU HEAR ABOUT US?					
		□ Word of Mouth □ Mail □] Web 🛛 Instagrar	n 🛛 Facebook	□ Twitter	🗖 Print Ad	□ Referral

Program Costs - For Information Regarding and Semi-Private Lessons, Please Contact Us. All Lessons Must be Used by August 31st.

ITEM DESCRIPTION	WEEKS	.5 HOUR COST	1HR COST	# SESSIONS	TOTAL
Private Lessons - Director of Tennis	10 Weeks	\$1,380.00	\$2,300.00		
Private Lessons - Assistant Academy Director	10 Weeks	\$1,290.00	\$2,150.00		
Private Lessons - Assistant Director	10 Weeks	\$1,165.00	\$1,960.00		
Private Lessons - Master	10 Weeks	\$1,080.00	\$1,800.00		
Private Lessons - Senior	10 Weeks	\$935.00	\$1,555.00		
Private Lessons - Staff	10 Weeks	\$845.00	\$1,450.00		
PROGRAM TOTAL					

Schedule Selection 10-Week Session. For other times, please email Marcio at msouza@sportimeny.com

PRIVATE LESSON SCHEDULE										
	Mon: 8:00am		Tues: 8:00am		Wed: 8:00am		Thur: 8:00am		Fri: 8:00am	Mon-Friday: 12pm - 6pm @ Leewood Park
	Mon: 1:00pm		Tues: 1:00pm		Wed: 1:00pm		Thur: 1:00pm		Fri: 1:00pm	Sat/Sun Options: 8am - 5pm - Please Write Preference Below
	Mon: 5:00pm		Tues: 5:00pm		Wed: 5:00pm		Thur: 5:00pm		Fri: 5:00pm	Preferred Day/Time (1)
									Fri: 6:00pm	Preferred Day/Time (2)

Payment Information Please select your Payment Method and Agree to Payment Terms.

CREDIT CARD	PAYMENT, LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE AND OTHER TERMS					
□ I authorize SPORTIME to charge my credit card on file.	By signing below I agree that I am the named participant and that I 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					
□ Please use this card: □ MC □ VISA □ AMEX □ DISCOVER	DISCOVER past due plus a late fee. I acknowledge and agree that there are certain inherent dangers in playing tennis 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 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 to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent my participation in SPORTIME programs, services and activities. In the case of an accident or injury to me, and if an emergency contact person cannot be reached, I grant SPORTIME programs is for the full session and that no refunds will be given for withdrawals or absences after the session begins. I also understand that membership is required for participation in SPORTIME programs. SPORTIME reserves the right to close courts for repair or alterations. SPORTIME reserves the right to cancel this contract at any time, at its sole discretion, and SPORTIME's cole mail and/or text message. I understand and agree that SPORTIME PROTINE PROTINE have the y bonone. email and/or text message. I understand and agree that SPORTIME PROTINE preserves the right to cancel this portion the preside SPORTIME preserves the resease.					
CARD NUMBER EXPIRATION CVV ZIP						
□ Check here to make this your guaranteed form of payment on file.						
CHARGE TO ACCOUNT						
I understand that I need a guaranteed form of payment on file, and I authorize SPORTIME to use it for payment(s) due.						
CHECK OR CASH						
□ CHECK # □ CASH AMOUNT	PARENT/GUARDIAN SIGNATURE DATE					
Payment in full is required.						

Register Today! Complete this application and return with full payment amount for lessons by mail, or fax: Mail: SPORTIME Lake Isle, JMTA Westchester, 660 White Plains Road, Eastchester, NY 10709 / Text:914-517-3190 If you have questions, please contact: Tennis Coordinator, Marcio Souza, at 914-777-5151 or Email: msouza@sportimeny.com