

SPORTIME Lake Isle 660 White Plains Road, Eastchester, NY 10709 TEL: 914-777-5151 | FAX: 914-337-4820 www.SportimeNY.com/Lakelsle | **EMAIL**: lakeisle@sportimeny.com

Personal Information Please complete all fields and print clearly.

SPORTIME Lake Isle 2025 MEMBERSHIP APPLICATION

APPLICATION REQUIREMENTS:

If an individual applicant is a minor (junior)/under the age of 18, a parent or legal guardian must complete and sign the application on the minor's behalf. For Family Memberships, all individuals included under such membership, who are not minors/are 18 years of age or older, must sign this application individually. In addition to the signed application, a current bill (e.g. gas or electric) in your name with address, along with an acceptable photo ID, must be submitted to verify residency and identity.

OUTDOOR SEASON DATES: MAY 24, 2025 THRU SEPTEMBER 1, 2025



MEMBER: FIRST NAME	LAST NAME	LAST NAME DATE OF BIRTH			
ADDITIONAL FAMILY MEMBERS (IF FAMILY N	MEMBERSHIP, DOB OF CHILDREN UNDER 18		MOBILE NU	JMBER	
BILLING STREET ADDRESS	APT#	CITY STA	TE ZIP	HOME PHONE	
EMERGENCY CONTACT: FIRST NAME	LAST NAME	RELATION TO PLAYER	CONTACT NUMBER		
HOW DID YOU HEAR ABOUT US? □ Word of Mouth □ Mail □ Web □ Instagram □ Facebook □ Twitter □ Print		t Ad □ Referral	NTRP SELF_RATING (2.0 TO 5.0 AND ABOVE)		
L Word of Modell L Web) Linstagram Linacebook Linwitter Linning	t Au Li Neierrai			
Membership Types					
RESIDENT: Resident rates below are offer residents.	fered to all Eastchester, Bronxville and Tuckahoe	COST		TOTAL	
☐ Family		\$965.00			
□ Individual		\$505.00			
☐ Individual Senior**		\$460.00			
☐ Individual Junior *		\$305.00			
NON-RESIDENT		COST		TOTAL	
☐ Family		\$1,350.00			
□ Individual		\$750.00			
☐ Individual Senior **		\$650.00			
☐ Individual Junior*		\$475.00			
MEMBERSHIP COST * Juniors: 18 years of age or younger, ** Seniors: age 65 and over. Some restrictions apply.			\$		
Payment Information Please select your payment method:					
House Charge Privileges & "Autopay" Payment Option:					
In order to establish house charge privileges, you must provide current credit card information below. You may also elect our "auto-pay" payment option and have your account balance automatically charged to your credit card each month. YES, I would like to establish house charge privileges for the 2025 season and would like my account balance automatically charged to the following credit card each month.					
□ NO, I do not wish to estab	olish house charge privileges for the 2025 s	season. I will pay for all goods ar	nd services when receiv	red.	
_					
☐ CREDIT CARD					
□ I authorize SPORTIME to bill my credit card on file. □ Please use this card: □ MC □ VISA □ AMEX □ DISCOVER			DISCOVER		
CARD NUMBER	EXPIRATION CVV ZIP	☐ Select to make this your guaranteed form of payment on file.			



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OUTDOOR SEASON DATES: MAY 24, 2025 THRU SEPTEMBER 1, 2025

CONDITIONS OF MEMBERSHIP

By signing this application, I am hereby accepting the following terms and conditions of SPORTIME membership for the 2025 season. Memberships are not refundable and are transferable at the sole discretion of management. All members must establish house charge privileges on an annual basis. In order to establish such privileges, I am providing valid credit card information above. I hereby consent that if my account balance is not paid in full within 30 days of the date that a monthly statement is issued to me, SPORTIME Clubs, LLC (the Club or SPORTIME) may charge the credit card listed above for the full amount past due. I understand that if I choose not to establish charge privileges, I must pay for all goods and services at the point of sale. I hereby agree to abide by all rules and regulations of the Club. If an individual applicant is a minor (junior)/under the age of 18, a parent or legal guardian must complete and sign this application on the minor's behalf. For Family or Couples Memberships, all individuals included under such membership, who are not minors/are 18 years of age or older, must sign this application individually.

LIABILY WAIVER, ASSUMPTION OF RISK AND RELEASE AND OTHER TERMS

- 1) I/we agree that there are certain inherent dangers in playing tennis, pickleball, in participating in fitness, sports and activities, in using related equipment and machinery, and being in and around SPORTIME facilities. In consideration of being allowed to participate in the activities, programs and services of SPORTIME and to use its facilities, equipment and machinery, in addition to the payment of any fee or charge, to the fullest extent permitted by law, I/we do hereby waive, release and forever discharge SPORTIME and its partners, members, officers, agents, employees, representatives, executors and any others acting on their behalves, from any and all responsibility or liability arising from injuries or damage resulting from, or in any way arising out of or connected with my/our and/or my/our child/ren's participation in any activities, programs and services of SPORTIME or from my/our and/or/ my/our child/ren's use of its facilities, equipment and machinery.
- 2) I/we understand and agree that tennis, pickleball, sports and fitness activities, including the use of related equipment and machinery, and the use of SPORTIME facilities are potentially hazardous activities, which can potentially result in serious injury and even death. I/we and/or my/our child/ren am/are voluntarily participating in these activities, are using SPORTIME's equipment and machinery, and are in or around SPORTIME facilities with knowledge of the dangers involved. I/we hereby agree to expressly assume and accept any and all risks of injury or death to me/us and/or my/our child/ren. In the case of accident or injury to me/us and/or my/our child/ren, and if an emergency contact person cannot be reached, I/we grant SPORTIME permission to obtain medical attention, if necessary, for which I/we will be financially responsible.
- 3) I/we do hereby further declare myself/ourselves/ and/or my/our child/ren to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent my/our and/or my/our child/ren's participation in tennis, pickleball, fitness and sports activities and/or my/our and/or my/our child/ren's use of related equipment and machinery, and of SPORTIME facilities. I/we hereby acknowledge that I/we have been informed of the need for a physician to approve my/our and/or my/our child/ren's participation in such activities, and my/our and/or my/our child/ren's use of related equipment and machinery. I/we also acknowledge that SPORTIME has recommended that I/we and/or my/our child/ren have an annual or more frequent physical examination and consultation with a physician so that I/we might have such physician recommendations concerning my/our and/or my/our child/ren's participation in such activities and use of such machinery and equipment. I/we acknowledge that I/we and/or my/our child/ren have either had a physical examination and been given my/our physician's permission to participate in tennis, pickleball sports and fitness activities and to use related equipment and machinery, or that I/we have decided to participate in such activities and to use such equipment and machinery, and/or to allow my/our child/ren to do so, without the approval of a physician, and do hereby assume all responsibility for my/our and/or my/our child/ren's participation in such activities and use of such equipment and machinery.
- 4) I/we understand and agree that SPORTIME retains the rights to any photographs or video taken of me/us and or my/our child/ren at SPORTIME facilities or at off-site SPORTIME programs or events, to be used for SPORTIME publicity, marketing, social media and advertising. I/we hereby authorize SPORTIME to contact me/us by phone, email and/or text message, and agree that by providing an email address(es) for my/our minor child(ren) ages 13 and above, I/we authorize SPORTIME to contact such minor child(ren) directly at such address(es). SPORTIME's Privacy Policy can be viewed at: https://www.SPORTIMEny.com/privacy_policy.php
- 5) I/we agree to abide by all rules and regulations which now exist or which may be hereafter adopted or amended by SPORTIME, including but not limited to SPORTIME's prevailing court/program cancellation policy, which requires full payment for any court or program space reserved but then cancelled less than 48 hours in advance. I/we understand that my/our access to SPORTIME may be suspended or terminated by SPORTIME, without refund, for any reason not prohibited by federal, state or local law. I/we agree that SPORTIME is not responsible for Member's private or personal property lost, damaged or stolen on SPORTIME premises.

By signing below, I/we are acknowledging that I/we have read this entire Agreement and that I/we and or my/our minor child(ren) agree to be bound by its terms and conditions.

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RESPONSIBLE PARTY / MAIN MEMBER SIGNATURE	DATE		
2ND RESPONSIBLE PARTY / ADULT MEMBER SIGNATURE (IF APPLICABLE)	DATE		
SPORTIME AUTHORIZED SIGNATURE (IF APPLICABLE)	DATE		



Register Today!

Complete both sides of this application and return with payment information by mail, fax or email:

SPORTIME Lake Isle

Mail: 660 White Plains Road, Eastchester, NY 10709

Fax: 914-337-4820 | Register Online: www.SportimeNY.com/Lakelsle

Questions? Contact Lake Isle Phone: 914-777-5151

Email: lakeIsle@sportimeny.com

