



SPORTIME Harbor Island
PO Box 783, In Harbor Island Park, Mamaroneck, NY 10543
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www.SportimeNY.com/HarborIsland | **EMAIL:** mdalpont@sportimeny.com

SPORTIME TENNIS PROGRAMS

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 BIRTH | | GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE | |
| PLAYER EMAIL ADDRESS (IF 13 AND OVER) | | PLAYER MOBILE NUMBER (IF 13 AND OVER) | | SCHOOL & GRADE ENROLLED SEPT | | | |
| STREET ADDRESS | | ADDRESS 2 | | CITY | STATE | ZIP | HOME PHONE |
| PARENT/GUARDIAN 1: FIRST NAME | | LAST NAME | | MOBILE PHONE | | EMAIL ADDRESS (REQUIRED) | |
| PARENT/GUARDIAN 2: FIRST NAME | | LAST NAME | | MOBILE PHONE | | EMAIL ADDRESS (REQUIRED) | |
| EMERGENCY CONTACT: FIRST NAME | | LAST NAME | | RELATION TO PLAYER | | CONTACT NUMBER | |
| ALLERGIES / HEALTH RESTRICTIONS | | | | HOW DID YOU HEAR ABOUT US? <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Mail <input type="checkbox"/> Web <input type="checkbox"/> Instagram <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Print Ad <input type="checkbox"/> Referral | | | |

Program Costs

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

| ITEM DESCRIPTION | WEEKS | .5 HOUR COST | 1HR COST | # SESSIONS | TOTAL |
|--|----------|--------------|------------|------------|-------|
| <input type="checkbox"/> Private Lessons - Director Plus | 10 Weeks | \$1,050.00 | \$1,750.00 | | |
| <input type="checkbox"/> Private Lessons - Director | 10 Weeks | \$990.00 | \$1,650.00 | | |
| <input type="checkbox"/> Private Lessons - Master | 10 Weeks | \$930.00 | \$1,550.00 | | |
| <input type="checkbox"/> Private Lessons - Senior | 10 Weeks | \$900.00 | \$1,500.00 | | |
| <input type="checkbox"/> Private Lessons - Staff | 10 Weeks | \$845.00 | \$1,450.00 | | |
| PROGRAM TOTAL | | | | | |

Schedule Selection

10-Week Session

| PRIVATE LESSON PREFERENCES | |
|----------------------------|-----------------|
| Preferred Day/Time (1) | Preferred Coach |
| Preferred Day/Time (2) | Preferred Coach |
| Preferred Day/Time (3) | Preferred Coach |

Payment Information

Please select your Payment Method and Agree to Payment Terms.

| | | | |
|---|---|---------------------------|------|
| CREDIT CARD <input type="checkbox"/> I authorize SPORTIME to charge my credit card on file. <input type="checkbox"/> Please use this card: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER CARD NUMBER EXPIRATION CVV ZIP <input type="checkbox"/> Check here to make this your guaranteed form of payment on file. CHARGE TO ACCOUNT <input type="checkbox"/> 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 <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> CASH AMOUNT Payment in full is required. | PAYMENT, LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE AND OTHER TERMS <p>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 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 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 also understand that membership is required for participation in certain 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 sole liability shall be to refund any amounts previously paid on a pro-rata basis. I hereby authorize SPORTIME to contact me by phone, email and/or text message. I understand and agree that SPORTIME retains the rights to any photographs or video taken of me 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. SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED, and any make-up authorized must be completed by August 31st of the session year.</p> <table><tr><td>PARENT/GUARDIAN SIGNATURE</td><td>DATE</td></tr></table> | PARENT/GUARDIAN SIGNATURE | DATE |
| PARENT/GUARDIAN SIGNATURE | DATE | | |

Register Today! Complete this application and return with full payment amount for lessons by mail, or fax:

Mail: SPORTIME Harbor Island, PO Box 783, Mamaroneck, NY 10543 / **Text:** 914-468-4470

If you have questions, please contact Harbor Island Tennis Coordinator, Marlon: **Phone:** 914-777-5050 | **Email:** mdalpont@sportimeny.com