



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

PRIVATE & SEMI-PRIVATE LESSONS 2025-2026 Program Application

☐ NEW MEMBER ☐ EXISTING MEMBER ☐ EXISTING MEMBER W/CHANGES

☐ **Fall 17-Week Session:** Mon, Sept 8, 2025 - Sun, Feb 1, 2026 ☐ **Full 34-Week Session:** Mon, Sept 8, 2025 - Sun, Jun 21, 2026

Programs are off 9/22/25-9/28/25, 10/13/25, 11/11/25, 11/26/25-11/30/25, 12/22/25-1/4/26, 2/14/26-2/20/26, 3/30/26-4/5/26, 5/4/26-5/10/26

PLAYER INFORMATION Please complete all fields and print clearly. Players must be active SPORTIME Members to participate in SPORTIME programs.					
PLAYER: FIRST NAME		LAST NAME		DATE OF BIRTH	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
PLAYER EMAIL ADDRESS (IF PLAYER IS OVER 13)		PLAYER MOBILE NUMBER (IF OVER 13)		SCHOOL & GRADE ENROLLED SEPT	
STREET ADDRESS		ADDRESS 2		CITY	STATE ZIP
PARENT/GUARDIAN: FIRST NAME		LAST NAME		EMAIL ADDRESS (REQUIRED)	
MOBILE PHONE		HOME PHONE		BUSINESS PHONE	
				HOW DO YOU PREFER TO BE CONTACTED: <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> TEXT <input type="checkbox"/> MAIL	
EMERGENCY CONTACT: FIRST NAME		LAST NAME		RELATION TO PLAYER	CONTACT NUMBER
How did you hear about us? <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Mail <input type="checkbox"/> Web <input type="checkbox"/> Social Media _____ <input type="checkbox"/> Ad _____ <input type="checkbox"/> Referral, who can we thank? _____					

Program Costs Member costs are for 17 and 34 weeks. For Information regarding .5 hour Semi Private Lessons, and all 1.5 hour Lessons, please contact us.

ITEM DESCRIPTION	DURATION	17 WEEKS	34 WEEKS	# SESSIONS	TOTAL
<input type="checkbox"/> Private - Director of Tennis	.5 Hour	\$2,125.00	\$4,250.00		
<input type="checkbox"/> Private - Director of Tennis	1 Hour	\$4,250.00	\$8,500.00		
<input type="checkbox"/> Private - Assistant Academy Director	.5 Hour	\$1,915.00	\$3,830.00		
<input type="checkbox"/> Private - Assistant Academy Director	1 Hour	\$3,825.00	\$7,650.00		
<input type="checkbox"/> Private - Assistant Director	.5 Hour	\$1,980.00	\$3,960.00		
<input type="checkbox"/> Private - Assistant Director	1 Hour	\$3,330.00	\$6,660.00		
<input type="checkbox"/> Private - Master	.5 Hour	\$1,835.00	\$3,670.00		
<input type="checkbox"/> Private - Master	1 Hour	\$3,060.00	\$6,120.00		
<input type="checkbox"/> Private - Senior	.5 Hour	\$1,590.00	\$3,110.00		
<input type="checkbox"/> Private - Senior	1 Hour	\$2,645.00	\$5,185.00		
<input type="checkbox"/> Private - Staff	.5 Hour	\$1,430.00	\$2,800.00		
<input type="checkbox"/> Private - Staff	1 Hour	\$2,465.00	\$4,840.00		
<input type="checkbox"/> Semi-Private - Master	1 Hour	\$1,780.00	\$3,560.00		
<input type="checkbox"/> Semi-Private - Senior	1 Hour	\$1,585.00	\$3,100.00		
<input type="checkbox"/> Semi-Private - Staff	1 Hour	\$1,410.00	\$2,765.00		
<input type="checkbox"/> Private Fitness Session - Reach out to Marco for further information.					
TOTAL					
DEPOSIT: Required 40% deposit.					
BALANCE DUE					

Schedule Selection Private and semi-private lessons might not be available on weekdays from 4:00pm - 8:00pm. 24 hour cancellation policy applies. All 17 week series lessons should be used by March 1, 2026. All 34 week series lessons should be used by August 31, 2026. **Private and Semi-Private lessons on the weekends between 9am and 2pm are reserved for players in our programs. If spots are available for non-program players, there will be an upcharge of \$250 for 17 weeks and \$350 for 34 weeks.**

PRIVATE LESSON PREFERENCES		SEMI-PRIVATE LESSON PREFERENCES: Partner must be a SPORTIME Member.		
Preferred Day/Time (1)	Preferred Coach	Preferred Day/Time (1)	Preferred Coach	Partner Name
Preferred Day/Time (2)	Preferred Coach	Preferred Day/Time (2)	Preferred Coach	Partner Name
Preferred Day/Time (3)	Preferred Coach	Preferred Day/Time (3)	Preferred Coach	Partner Name

Register Today! Complete both sides of this application and return with the required deposit by mail, text or email, or register conveniently online.
See more information on the reverse.



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Payment Information Please select your payment method:

<input type="checkbox"/> CREDIT CARD			
<input type="checkbox"/> I authorize SPORTIME to bill 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"/> Select to make this your guaranteed form of payment on file.			
<input type="checkbox"/> CHECK OR CASH			
You must have a credit card on file if you are not paying the full amount.		<input type="checkbox"/> CHECK <input type="checkbox"/> 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 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** I 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:

Scan Below for Program Off Dates



Register Today!

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

SPORTIME Lake Isle

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Text: 914-517-3190 | **Register Online:** www.SportimeNY.com/LakeIsle

Questions? Contact Lake Isle General Manager, Marcio Souza: **Phone:** 914-777-5151 | **Email:** msouza@sportimeny.com