



PLAYER INFORMATION Please complete all fields and print clearly.					
PLAYER: FIRST NAME		LAST NAME		DATE OF BIRTH	GENDER
PLAYER EMAIL ADDRESS (IF PLAYER IS OVER 13)			PLAYER MOBILE NUMBER (IF OVER 13)		
STREET ADDRESS		ADDRESS 2	CITY	STATE	ZIP
PARENT/GUARDIAN (if player is a minor): FIRST NAME			LAST NAME		EMAIL ADDRESS (REQUIRED)
MOBILE PHONE	HOME PHONE	BUSINESS PHONE		HOW DO YOU PREFER TO BE CONTACTED:	
EMERGENCY CONTACT: FIRST NAME			LAST NAME		RELATION TO PLAYER
					<input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> TEXT <input type="checkbox"/> MAIL
					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? _____					

Padel Programs (Costs are per person)

PROGRAM TYPE	DURATION	SPORTIME + PADEL MEMBERS	ALL OTHERS	TOTAL
<input type="checkbox"/> Padel Adult Clinics	1 Hour	\$40.50	\$45.00	
<input type="checkbox"/> Padel Junior Clinics	1 Hour	\$40.50	\$45.00	
<input type="checkbox"/> Padel Open-Plays	1 Hour	\$40.50	\$45.00	
<input type="checkbox"/> Padel Coach Play-In Clinics - Director	1 Hour	\$81.00	\$90.00	
<input type="checkbox"/> Padel Coach Play-In Clinics - Master	1 Hour	\$65.70	\$73.00	
<input type="checkbox"/> Padel Coach Play-In Clinics - Staff	1 Hour	\$60.30	\$67.00	
<input type="checkbox"/> Padel Tournaments	-	\$90.00	\$100.00	
PROGRAMS SUB-TOTAL				

Padel Private Lessons (Costs are per person. For rates or for help with 1/2 Hour Lessons, 1 1/2 Hour Lessons or Lessons with 3 or more players, contact us.)

COACH LEVEL	DURATION	SPORTIME + PADEL MEMBERS	ALL OTHERS	TOTAL
<input type="checkbox"/> Private Lessons - Director - 1 Person	1 Hour	\$225.00	\$250.00	
<input type="checkbox"/> Semi-Private Lessons - Director - 2 People	1 Hour	\$117.00	\$130.00	
<input type="checkbox"/> Private Lessons - Master Coach - 1 Person	1 Hour	\$180.00	\$200.00	
<input type="checkbox"/> Semi-Private Lessons - Master Coach - 2 People	1 Hour	\$95.00	\$105.00	
<input type="checkbox"/> Private Lessons - Staff Coach- 1 Person	1 Hour	\$162.00	\$180.00	
<input type="checkbox"/> Semi-Private Lessons - Staff Coach - 2 People	1 Hour	\$86.00	\$95.00	
PRIVATE LESSONS SUB-TOTAL				
SUB-TOTAL ALL				

Register Today! Complete both sides of this application by mail, email, or in person. See more information on the reverse.
Questions? Contact Padel Program Director, Jonathan Cornish:
Phone/Text: 212-539-8743 | **Email:** padelnyc@sportimeny.com



SCHEDULE SELECTION		
PRIVATE PADEL LESSONS Private Padel Lessons cancelled fewer than 48-hours in advance will be charged in full.	LESSON 1 PREFERENCES DAY: TIME: COACH:	IF APPLICABLE, LESSON 2 PREFERENCES DAY: TIME: COACH:

Payment Information Please select your payment method:

<input type="checkbox"/> CREDIT CARD - I authorize SPORTIME to charge my credit card on file.				
Please use this card: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER <input type="checkbox"/> Select to make this your guaranteed form of payment on file.	CARD NUMBER	EXPIRATION	CVV	ZIP
<input type="checkbox"/> CHECK OR CASH				
Payment in full is required.	<input type="checkbox"/> CHECK <input type="checkbox"/> CASH	IF CHECK, NO.	AMOUNT	

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

PAYMENT TERMS, LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE AND OTHER TERMS:	
<p>By signing below I agree that I am the parent or legal guardian of the named participant, or that I am 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 understand that payment in full is due by first day of play. I acknowledge and agree that there are certain inherent dangers in playing padel and other sports, 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 or 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 understand that membership is required for participation in certain SPORTIME programs, and 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. SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED BY THE NAMED PARTICIPANT. 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 alteration. I hereby authorize SPORTIME to contact me by phone, email and/or text message, and if the named participant is my minor child, and an email address is provided for such minor child above, I authorize SPORTIME to contact the named participant at such address directly. I understand and agree that SPORTIME retains the rights to any photographs or video taken of me/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.sportimemy.com/privacy.</p>	
AUTHORIZED SIGNATURE	DATE

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