SPORTIME TENNIS · SPORTS · FITNESS
Port Washington
100 Harbor Road, Port Washington, NY 11050
TEL: 516-883-6425 | **TEXT:** 516-853-7519
EMAIL: pickleballpw@sportimeny.com

PICKLEBALL JUNIOR ACADEMY CLINICS
Spring 2026 Program Application

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

Programs are off 2/14/26-2/20/26, 4/1/26-4/10/26, 5/23/26-5/25/26

PLAYER INFORMATION Please complete all fields and print clearly.

PLAYER: FIRST NAME	LAST NAME	DATE OF BIRTH	GENDER ☐ FEMALE ☐ MALE ☐ OTHER
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: ☐ PHONE ☐ EMAIL ☐ TEXT ☐ MAIL
EMERGENCY CONTACT: FIRST NAME	LAST NAME	RELATION TO PLAYER	CONTACT NUMBER

How did you hear about us? ☐ Word of Mouth ☐ Mail ☐ Web ☐ Social Media _____ ☐ Ad_____ ☐ Referral, who can we thank?_____

Program Costs

ITEM DESCRIPTION	DAY	TIME	8 WEEKS	16 WEEKS	SESSION START	TOTAL
☐ Ages 7-9	Tuesday	4:00pm-5:00pm	$350.00	$525.00	January 13, 2026	
☐ Ages 10-12	Monday	4:00pm-5:00pm	$350.00	$525.00	January 12, 2026	
☐ Ages 10-12	Saturday	12:00pm-1:00pm	$350.00	$525.00	January 31, 2026	
☐ Ages 12-14	Saturday	12:00pm-1:00pm	$350.00	$525.00	January 31, 2026	
SUB-TOTAL						
DEPOSIT: 50% for 16 week options (2nd payment will be drafted 3/1/26), 100% for 8 week options.						
BALANCE DUE						

Payment Information Please select your payment method:

☐ CREDIT CARD

☐ I authorize SPORTIME to bill my credit card on file.	☐ Please use this card: ☐ MC ☐ VISA ☐ AMEX ☐ DISCOVER
CARD NUMBER EXPIRATION CVV ZIP	☐ Select to make this your guaranteed form of payment on file.

☐ CHECK OR CASH

You must have a credit card on file if you are not paying the full amount.	☐ CHECK ☐ 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 50% 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 16 week programs, remaining balance to be drafted on March 1, 2026.

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 50% 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.

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

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

By signing below I agree that I am the parent or legal guardian of the named participant, and that 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 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 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 the named participant to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent the named participant's participation in SPORTIME programs, services and activities. In the case of an accident or injury to 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 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 alteration. I understand and agree that SPORTIME retains the rights to any photographs or video taken of 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. I hereby authorize SPORTIME to contact me by phone, email and/or text message, and if the named participant's email address is provided above, I authorize SPORTIME to contact the named participant at such address directly. SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED BY THE NAMED PARTICIPANT, and any make-up authorized must be completed by August 31st of the session year.

AUTHORIZED SIGNATURE: **DATE:**

Register Today!

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

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