



**SPORTIME Lynbrook**  
 175 Merrick Road, Lynbrook, NY 11563  
 TEL: (516) 887-1330 | TEXT: (516) 464-0265  
 www.SportimeNY.com/Lynbrook

**RED & ORANGE BALL TENNIS PROGRAM**  
**Spring 2026 Program Application**

NEW MEMBER    EXISTING MEMBER    EXISTING MEMBER W/CHANGES

**Spring 17-Week Session:** Saturday, January 31, 2026 - Friday, June 19, 2026

**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. Players must be active SPORTIME Members to participate in SPORTIME programs.

|   |            |                |                                   |   |   |     |
|---|------------|----------------|-----------------------------------|---|---|-----|
| PLAYER: FIRST NAME                          |            | LAST NAME      |                                   | DATE OF BIRTH   | GENDER<br><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:<br><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?    Word of Mouth    Mail    Web    Social Media \_\_\_\_\_    Ad \_\_\_\_\_    Referral, who can we thank? \_\_\_\_\_

**Program Costs** Costs are for 17 weeks except where indicated. **Membership is required for all programs and does not end when programs end.**

| ITEM DESCRIPTION   | DURATION | 17 WEEKS   | # SESSIONS | TOTAL |
|--|----------|------------|------------|-------|
| <input type="checkbox"/> Red One / Two                               | 1 Hour   | \$725.00   |            |       |
| <input type="checkbox"/> Orange One                                  | 1 Hour   | \$950.00   |            |       |
| <input type="checkbox"/> Orange Two                                  | 1.5 Hour | \$1,150.00 |            |       |
| <input type="checkbox"/> JTT Orange Team Practice * Includes Uniform | 1.5 Hour | \$850.00   |            |       |
| ITEM DESCRIPTION   | DURATION | PER DIEM   | # SESSIONS | TOTAL |
| <input type="checkbox"/> JTT Orange Team Matches                     | 2 Hours  | \$65.00    |            |       |
| <b>SUB-TOTAL</b>   |          |            |            |       |
| DISCOUNT: Add a 2nd day and save 20% on that 2nd class.              |          |            |            |       |
| <b>TOTAL</b>   |          |            |            |       |
| DEPOSIT: Required 40% deposit.                                       |          |            |            |       |
| <b>BALANCE DUE</b>   |          |            |            |       |

**Schedule Selection** Please check boxes that apply. For a list of 'No Play' dates, please visit us online.

| RED ONE / RED TWO                               | ORANGE ONE  | ORANGE TWO  | ORANGE JTT PRACTICE  |
|---|---|---|--|
| <input type="checkbox"/> Mon: 4:00pm - 5:00pm   | <input type="checkbox"/> Mon: 4:00pm - 5:00pm           | <input type="checkbox"/> Mon: 4:30pm - 6:00pm (Invite)  | <input type="checkbox"/> Sun: 12:30pm - 2:00pm (Invite Only) |
| <input type="checkbox"/> Mon: 5:00pm - 6:00pm   | <input type="checkbox"/> Mon: 5:00pm - 6:00pm (Invite)  | <input type="checkbox"/> Tue: 4:30pm - 6:00pm           |  |
| <input type="checkbox"/> Tue: 5:00pm - 6:00pm   | <input type="checkbox"/> Tue: 5:00pm - 6:00pm           | <input type="checkbox"/> Wed: 6:00pm - 7:30pm           |  |
| <input type="checkbox"/> Wed: 5:00pm - 6:00pm   | <input type="checkbox"/> Wed: 5:00pm - 6:00pm           | <input type="checkbox"/> Thur: 4:30pm - 6:00pm (Invite) |  |
| <input type="checkbox"/> Wed: 6:00pm - 7:00pm   | <input type="checkbox"/> Thur: 5:00pm - 6:00pm (Invite) | <input type="checkbox"/> Fri: 4:30pm - 6:00pm           |  |
| <input type="checkbox"/> Thur: 5:00pm - 6:00pm  | <input type="checkbox"/> Fri: 5:00pm - 6:00pm           | <input type="checkbox"/> Sat: 10:30am - 12:00pm         |  |
| <input type="checkbox"/> Fri: 5:00pm - 6:00pm   | <input type="checkbox"/> Sat: 10:00am - 11:00am         | <input type="checkbox"/> Sun: 11:00am - 12:30pm         |  |
| <input type="checkbox"/> Sat: 10:00am - 11:00am | <input type="checkbox"/> Sat: 11:00am - 12:00pm         |   |  |
| <input type="checkbox"/> Sun: 10:00am - 11:00am | <input type="checkbox"/> Sun: 10:00am - 11:00am         |   |  |

**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.



**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 February 1, March 1 and April 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 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.sportimemy.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:** \_\_\_\_\_

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**SPORTIME Lynbrook**

**Mail:** 175 Merrick Road, Lynbrook, NY 11563 | **Text:** (516) 464-0265 | **Register Online:** [www.SportimeNY.com/Lynbrook](http://www.SportimeNY.com/Lynbrook)  
**Questions?** Contact Lynbrook Director of U10 Tennis, Chuck Russell | **Phone:** (516) 887-1330 | **Email:** [crussell@sportimemy.com](mailto:crussell@sportimemy.com)