

SPORTIME AMAGANSETT

2026 PRIVATE, SEMI-PRIVATE & GROUP LESSONS

TENNIS, PICKLEBALL, SWIM, BASKETBALL,
ROLLER HOCKEY, VOLLEYBALL, SOCCER & JIU-JITSU

ON-SITE TENNIS LESSONS - Per Hour	PRIVATE & SEMI PRIVATE		GROUP	
	1 HOUR	1.5 HOUR	1 HOUR	1.5 HOUR
with Hana Sromova (by appointment only)	\$300	\$450	\$360	\$540
with Vinicius Carmo (Tennis Director), Gui Jasmim	\$265	\$398	\$318	\$477
with Master Plus Pro	\$245	\$368	\$294	\$441
with Master Pro	\$230	\$345	\$276	\$414
with Senior Pro	\$220	\$330	\$264	\$396
with Staff Pro	\$205	\$308	\$246	\$369
with Junior Pro	\$190	\$285	\$228	\$342

OFF-SITE TENNIS LESSONS Available for \$50 surcharge

A non-member surcharge of \$20 for adults (18+) will be assessed for private and semi-private lessons. The group rate applies to three or more students sharing a lesson; for which lessons a non-member surcharge of \$15 per adult student will be assessed. **If a lesson is cancelled less than 48 hours in advance, or if a "no-show" occurs, the student/s will be charged the full lesson fee.** 1/2 hour lessons may be available.

ON-SITE AND OFF-SITE SPORTS & SWIM LESSONS	PRIVATE & SEMI PRIVATE			GROUP	
	.5 HOUR	1 HOUR	1.5 HOUR	1 HOUR	1.5 HOUR
Padel	n/a	\$230	\$345	\$276	\$414
Pickleball	n/a	\$190	\$285	\$228	\$342
Swim	\$110	\$190	\$285	\$228	N/A
Basketball	n/a	\$190	\$285	\$228	\$342
Roller Hockey/Inline Skating	n/a	\$190	\$285	\$228	\$342
Volleyball	n/a	\$190	\$285	\$228	\$342
Soccer	n/a	\$190	\$285	\$228	\$342
Jiu-Jitsu	n/a	\$200	\$300	N/A	N/A



(631) 267-1038  



SPORTIME Amagansett / JMTA Hamptons
 320 Abrahams Path, PO Box 778, Amagansett, NY 11930
 TEL or TEXT: (631) 267-1038 | FAX: (631) 267-1082
 www.SportimeNY.com/Amagansett | EMAIL: Amagansett@SportimeNY.com

SPORTIME AMAGANSETT

Private Lessons 2026

MEMBER ASSOCIATE/NON-MEMBER

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	APT #/P.O. BOX	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? Word of Mouth Mail Web Social Media _____ Ad _____ Referral, who can we thank? _____

Schedule Selection - All Lessons Expire 11/8/2026.

START DATE	END DATE	PREFERRED DAY/TIME	PREFERRED COACH/COACH LEVEL	NUMBER OF SESSIONS	TOTAL COST
5% Discount on Packages of 10 or more (not to be combined with other offers)					
DEPOSIT: 40% REQUIRED UPON REGISTRATION ON PACKAGES ONLY					
BALANCE DUE JUNE 1, 2026.					

PAYMENT INFORMATION

I hereby consent that if full payment is not received when due, the Club may charge the credit card or bank account listed below for the full balance due. **I understand that if a lesson is not canceled at least 48 hours in advance, or if a "no-show" occurs, I am responsible for payment of the full lesson fee.** SPORTIME reserves the right to close courts for repair or alterations.

CREDIT CARD		BANK ACCOUNT	
<input type="checkbox"/> I authorize SPORTIME to bill my credit card on file.		<input type="checkbox"/> I authorize SPORTIME to deduct payment(s) from this account.	
<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 _____ ZIP _____ CVV _____ EXPIRATION _____		BANK NAME _____	
<input type="checkbox"/> Select to make this your guaranteed form of payment on file.		<input type="checkbox"/> Select to make this your guaranteed form of payment on file.	
CHARGE TO ACCOUNT		CHECK OR CASH	
<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.		<input type="checkbox"/> CHECK # _____ <input type="checkbox"/> CASH _____ AMOUNT _____ You must have a credit card on file if you are not paying the full amount.	

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 November 8, 2026 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>. 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:** _____

Register Today!

Complete both sides of this application and return with required deposit by mail, fax or email:
SPORTIME Amagansett/JMTA Hamptons, Mail: 320 Abrahams Path, PO Box 778, Amagansett, NY 11930 **Fax:** 631-267-1082
Call or Text: 631-267-1038 | **Email:** Amagansett@SportimeNY.com

