

COURTSIDE RACQUET CLUB

2009 USTA NATIONAL FACILITY OF THE YEAR

13 weeks for the price of 12!

In-House Ladies

SPRING
2010

In-House Ladies Overview:

● **Spring Session (13 Weeks):**

March 22 – June 25, 2010

(No play: April 2 and April 4)

● **Match Play:**

Mondays — 12:30 to 2:00 pm OR

Fridays — 8:30 to 10:00 am

● **Practice Sessions:**

Tuesdays — 9:00 to 10:30 am OR

Thursdays — Noon to 1:30 pm

● **Cost:**

Both match play and drill—

\$544 members/\$582 non members

(equals \$41./\$45. per week)

Match play only—

\$330 members/\$386 non-members

(equals \$25./\$28. per week)



This year we have retooled the In-House Team program. Over the past several years, the In-House Team has allowed players an opportunity to play against others each week, with some coaching during match play. Players would receive a schedule weekly and play with different partners throughout the season. Players will have the option for the 14 week winter session to play matches only or play both match and practice sessions. We have also allowed non-members to play in the program at a non-member price. This year we are going to keep partners for the season, add an interclub component for those that are interested, incorporate a second day for practice, and make use of the Tencap system.

The Tencap System will allow players to see their results and how they are faring against other players and teams. This information will be posted on the web and updated after each week's match play session. Tencap will also set the team matches in advance so that a schedule will be available for players to see.

Some additional changes to the In-House Team are:

- Players will have the option for the 13 week winter session to play matches only or play both match and practice sessions. We have also allowed non-members to play in the program at a non-member price.
- We have provided a day for matches as well as for practice to allow players to prepare for matches and improve their skills. Practices will provide a great opportunity for players to work with partners on skills, as well as technical and tactical play. This stretches the program out over two days.
- Players will be placed with a partner to work with on a regular basis. This will provide players with a consistent partner so that they can develop movement as a team and grow together while improving individually.

For more information regarding Tencap, visit www.Tencaptennis.com

www.courtsideracquet.com

In-House Ladies TEAM TENNIS Spring 2010 Registration

Please check:

Skill Level: 2.0 (Beginner) 2.5–3.0 (Intermediate) 3.0–3.5 (Intermediate/Advanced) 4.0 and above (Advanced)

Please select:

Both match play and drill: \$544 members \$582 non members

Match play only: \$330 members \$386 non-members

Babysitting

Babysitting is available Monday–Friday, 9:00 am–3:00 pm.

The fee is \$5. for each child, per day. **Babysitting is free for our VIP members.**

I will be utilizing Babysitting services: Yes No If yes, how many children? _____

Have you previously participated in TEAM Tennis at Courtside?

Yes No

Name: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Home Telephone: (_____) _____ Cell: (_____) _____

Amount Enclosed: \$ _____

Please indicate: Credit Card:

OR: VIP Number: _____ Card No: _____ Exp. date _____

OR: Check Enclosed, payable to: **Courtside Racquet Club** Signature: _____

Release Statement: The undersigned, an adult Participant of legal age, agree that the I will abide by the rules of Courtside Racquet Club, LLC and I hereby release, discharge, and/or otherwise agree to indemnify, defend and hold harmless Courtside Racquet Club, LLC, its owners, officers, employees and instructors against any claim by or on behalf of myself or any third party arising out of my involvement in any activities at Courtside Racquet Club. I hereby represent that I am presently healthy, in sound general physical condition and otherwise competent to participate in activities at Courtside Racquet Club. In the event I am unable, for any reason, to make such decisions, I hereby authorize and consent to be transported for emergency medical care, if necessary, and for such emergency medical treatment as may be determined to be in my best interest by the appropriate medical personnel.

Signature: _____ Date: _____