

Classes meets one time per week, for eight weeks, and offer three levels of play.

Level of Play: 2.0 (Beginners)

June 28 through August 16	Tuesdays: 6:30–8:00 pm \$225.
June 29 through August 17	Wednesdays: 6:30–8:00 pm \$225.
June 30 through August 18	Thursdays: 6:30–8:00 pm \$225.

Level of Play: 2.5–3.0 (Intermediate)

June 28 through August 16	Tuesdays: 6:30–8:00 pm \$225.
June 29 through August 17	Wednesdays: 6:30–8:00 pm \$225.
June 30 through August 18	Thursdays: 6:30–8:00 pm \$225.

Level of Play: 3.5 and above (Advanced)

June 28 through August 16	Tuesdays: 6:30–8:00 pm \$225.
June 29 through August 17	Wednesdays: 6:30–8:00 pm \$225.
June 30 through August 18	Thursdays: 6:30–8:00 pm \$225.

Because of very limited space, this is a first come first serve basis program. Please return your completed registration and check payable to **Courtside Racquet Club**. And mail to Courtside Racquet Club, 1115 Route 31 South, Lebanon, NJ 08833.

Additional information can be obtained from Courtside at 908.713.1144, or e-mail at infoatcourtside@courtsideracquet.com.

www.courtsideracquet.com

Adult Tennis Clinics Summer 2011 Registration

(Please fill out one form for each participant)

Please check:

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Name: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Home Telephone: (_____) _____ Daytime Telephone: (_____) _____

Amount Enclosed: \$ _____	Please indicate: Credit Card: <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 
OR: <input type="checkbox"/> VIP Number: _____	Card No: _____ Exp. date _____
OR: <input type="checkbox"/> 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: _____