



**COURTSIDE●
RACQUET CLUB**

2009 USTA NATIONAL FACILITY OF THE YEAR

2016

POOL
MEMBERSHIP



**COURTSIDE●
RACQUET CLUB**

2009 USTA NATIONAL FACILITY OF THE YEAR

1115 Route 31 South
Lebanon, NJ 08833

908•713•1144 / 908•730•8225 (fax)

www.courtsideracquet.com

Courtside Racquet Club, 1115 Route 31 South, Lebanon, NJ 08833

2016 POOL HOURS:

Weekends: May 28–30, through June 19
11:00 am – 8:00 pm

Daily: June 20 through September 5
Monday – Fridays: Noon – 8 pm
Saturday & Sunday: 11 am – 8 pm

POOL INFORMATION:

- **Private Swimming Lessons Available**
Give Courtside a call to find out more about rates for private or group swimming lessons.
- **Heated Pool**
- **Kiddie Pool**
- **Playground Area**
- **Bring your own food and beverages** (no glass containers, please)
- **Private Parties**

GUEST FEES/POLICY:

Guests must be accompanied by a member of the swim club. (Limit 5 visits for guests).

- VIP tennis members get 5 free guest passes with a pool membership paid in full.
- Standard guest fee: \$10. per person.

Pool Memberships are Limited.

Directions: We are located on Route 31 north of Flemington in Lebanon.

From the north: From Route 22 follow Interstate 78 West to Route 31 South (exit 17). Travel 3.9 miles.*

From the south: Take Route 202/Route 31, continue on Route 31 north for 6.3 miles beyond the Flemington Circle.*

*Courtside Racquet Club is located on the southbound side of Route 31.

Need more information? Give us a call, **908•713•1144**
or check out our web-site at: **www.courtsideracquet.com**



2016 POOL MEMBERSHIP APPLICATION

Select Membership Category:

	rate before May 1*	after May 1
Family Membership	<input type="checkbox"/> \$575.	<input type="checkbox"/> \$650.
Couple Membership	<input type="checkbox"/> \$450.	<input type="checkbox"/> \$495.
Single Membership	<input type="checkbox"/> \$335.	<input type="checkbox"/> \$400.

*To qualify for early membership rates, payment must be made in full by May 1st. Payments are non-refundable.

Name: _____

Spouse: _____

Email: _____

Address: _____

City: _____

State/Zip: _____

Home Phone: _____

Work Phone: _____

Emergency Contact (name/phone): _____

Children:

Name: _____

DoB: _____

M or F

Name: _____

DoB: _____

M or F

Name: _____

DoB: _____

M or F

Name: _____

DoB: _____

M or F

Caregiver Name (If Applicable): _____

METHOD OF PAYMENT

Please make Checks payable to **Courtside Racquet Club**.

Mail to: 1115 Route 31 S., Lebanon NJ 08833

Cash Check Visa M/C AmEx Amount Enclosed: _____

VIP No. _____

Credit Card #: _____ Exp. Date: _____

Signature: _____

Release Statement: The undersigned, an adult Participant of legal age, agree that 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.

By enrolling in this program I agree to the above release.