

PROGRAM	DAY	TIME	MEMBER	NON-MEM.
Beginner/ Advanced Beginner: 2.0-2.5: Players with very little experience	Tues.	Noon – 1:00 pm (1 hour)	\$442.	\$481.
	Wed.	9:00 – 10:00 am (1 hour)	\$442.	\$481.
	Fri.	9:00 – 10:00 am (1 hour)	\$442.	\$481.
	Sat.	9:00 – 10:00 am (1 hour) OR: 10:00 – 11:00 am	\$442.	\$481.
Intermediate: 3.0: Players with some tennis instruction and experience	Mon.	9:00 – 10:30 am OR: 10:30 am – Noon OR: 6:30 – 8:00 pm	\$659.	\$715.
	Tues.	9:00 – 10:30 am OR: 6:00 – 7:30 pm OR: 7:30 – 9:00 pm	\$659.	\$715.
	Wed.	10:30 am – Noon OR: 7:00 – 8:30 pm OR: 9:00 – 10:30 pm	\$659.	\$715.
	Thur.	9:00 – 10:30 am OR: 10:30 am – Noon OR: Noon – 1:30 pm	\$659.	\$715.
	Fri.	10:00 – 11:30 am OR: 11:30 am – 1:00 pm	\$659.	\$715.
	Sat.	8:30 – 10:00 am	\$659.	\$715.
Intermediate Plus: 3.5: Players with tennis instruction and playing experience	Mon.	9:00 – 10:30 am OR: 10:30 am – Noon	\$659.	\$715.
	Tues.	9:00 – 10:30 am OR: 6:00 – 7:30 pm OR: 7:30 – 9:00 pm	\$659.	\$715.
	Wed.	9:00 – 10:30 am OR: Noon – 1:30 pm	\$659.	\$715.
	Thur.	9:00 – 10:30 am OR: 10:30 am – Noon OR: Noon – 1:30 pm	\$659.	\$715.
	Fri.	11:30 am – 1:00 pm OR: 1:00 – 2:30 pm	\$659.	\$715.
	Sat.	10:00 – 11:30 am	\$659.	\$715.
	Sun.	8:30 – 10:00 am	\$659.	\$715.
Advanced: 4.0: Playing experience and play at a competitive level	Tues.	7:30 – 9:00 pm	\$659.	\$715.
	Wed.	7:00 – 8:30 pm	\$659.	\$715.
	Fri.	11:30 am – 1:00 pm	\$659.	\$715.

Mail completed registration form with payment to:

Courtside Racquet Club
Attn: Steve
1115 Route 31 South,
Lebanon, NJ 08833

13 WEEK SESSION / September 3 – December 9, 2016

No Play September 5, and November 24, 25, 26, and December 4, 6, 7.

- Programs require sufficient enrollment to run.
- Any cancellations due to inclement weather is at the discretion of the club and will be rescheduled.
- *Make-ups are handled on a case-by-case basis, and limited to one per session. You are required to give advanced notice to Steve Bork via phone or email. Approval is necessary in order to limit class sizes. No make-up is allowed to be carried over into the next session or credit given.*
- Classes are available seven days a week. Call 908/713•1144.

www.courtsideracquet.com

Please save top half of form for scheduling reference

ADULT CLINICS Fall 2016 Registration

Due to limited space, please list first, second and third choice.

Name: _____

Telephone Number: (_____) _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

1st choice — Program: _____ Day: _____ Time: _____

2nd choice — Program: _____ Day: _____ Time: _____

3rd choice — Program: _____ Day: _____ Time: _____

Is the participant a member?
 Yes No

If no, would you like to be enrolled as a member?
 Yes No

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.

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

Date: _____ Print Name: _____ Signature: _____