

junior CLINICS

PROGRAM	DAY	TIME	MEMBER	NON-MEM.
Beginner/Adv. Beginner Children new to the game and those with some experience	Mon.	4:00 – 5:00 pm OR: 5:00 – 6:00 pm	\$442.	\$481.
	Tues.	4:00 – 5:00 pm OR: 5:00 – 6:00 pm OR: 6:00 – 7:00 pm OR: 7:00 – 8:00 pm	\$442.	\$481.
	Wed.	4:00 – 5:00 pm OR: 5:00 – 6:00 pm OR: 6:00 – 7:00 pm	\$442.	\$481.
	Thur.	4:00 – 5:00 pm OR: 5:00 – 6:00 pm	\$442.	\$481.
	Fri.	4:00 – 5:00 pm OR: 5:00 – 6:00 pm OR: 6:00 – 7:00 pm OR: 7:00 – 8:00 pm	\$442.	\$481.
	Sat.	9:00 – 10:00 am OR: 10:00 – 11:00 am OR: 11:00 am – Noon OR: Noon – 1:00 pm	\$442.	\$481.
	Sun.	10:00 – 11:00 am OR: 11:00 am – Noon	\$442.	\$481.
Intermediate Adv. Intermediate Players who can keep the ball in play from the baseline, serve, and keep score	Mon.	4:00 – 5:00 pm	\$442.	\$481.
	Mon.	5:00 – 6:30 pm (90 min.)	\$659.	\$715.
	Tues.	4:00 – 5:00 pm OR 5:00 – 6:00 pm OR 6:00 – 7:00 pm OR: 7:00 – 8:00 pm	\$442.	\$481.
	Wed.	4:00 – 5:00 pm OR 5:00 – 6:00 pm OR 6:00 – 7:00 pm	\$442.	\$481.
	Thur.	4:00 – 5:00 pm OR 5:00 – 6:00 pm	\$442.	\$481.
	Fri.	4:00 – 5:00 pm OR 5:00 – 6:00 pm OR 6:00 – 7:00 pm OR: 7:00 – 8:00 pm	\$442.	\$481.
	Sat.	9:00 – 10:00 am OR 10:00 – 11:00 am OR 11:00 am – Noon	\$442.	\$481.
	Sat.	11:00 am – 12:30 pm OR noon – 1:30 pm (90 min.)	\$659.	\$715.
Sun.	9:00 – 10:00 am OR 10:00 – 11:00 am OR 11:00 am – Noon	\$442.	\$481.	
Tournament Training Ages 12 + Advanced Intermediate, High School Boys and Girls, and Tournament Players	Mon.	3:30 – 5:00 pm OR 5:00 – 6:30 pm (90 min.)	\$659.	\$715.
	Tues.	3:00 – 5:00 pm OR 4:00 – 6:00 pm OR 6:00 – 8:00 pm (2 hour)	\$884.	\$962.
	Wed.	3:30 – 5:00 pm OR 5:00 – 6:30 pm OR 6:00 – 7:30 pm (90 min.)	\$659.	\$715.
	Wed.	3:00 – 5:00 pm OR 5:00 – 7:00 pm (2 hour)	\$884.	\$962.
	Thur.	6:00 – 7:30 pm (90 min.)	\$659.	\$715.
	Fri.	3:00 – 5:00 pm OR 4:00 – 6:00 pm (2 hour)	\$884.	\$962.
	Sat.	11:00 am – 12:30 pm OR 12:30 – 2:00 pm OR 2:00 – 3:30 pm OR 3:30 – 5:00 pm (90 min.)	\$659.	\$715.
	Sun.	9:30 – 11:00 am OR 11:30 am – 1:00 pm (90 min.)	\$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

junior CLINICS Fall 2016 Registration

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

Name: _____ DoB: ___/___/___ Age: _____ Boy Girl

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

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

Does your child have an allergy or medical issues? No Yes (If yes, please include details)

Level of Play: Beginner Adv. Beginner Interm. Advanced

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: I, the parent/guardian of the Participant, a minor, hereby agree that the Participant and I will abide by the rules of Courtside Racquet Club, LLC and we hereby release, discharge, and/or otherwise indemnify Courtside Racquet Club, LLC, its owners, officers, employees and instructors against any claim by or on behalf of the Participant or any third party arising out of Participant's involvement in any activities at Courtside Racquet Club. I certify that the Participant is healthy, in sound physical condition and otherwise competent to participate in activities at Courtside Racquet Club. In my absence, I hereby authorize and consent for the Participant to be transported for emergency medical care, if necessary, and for such emergency medical treatment as may be determined to be in Participant's best interest by the appropriate medical personnel. For good and valuable consideration we hereby consent to and authorize the reproduction, for publication use by Courtside for promotional materials, use of any photograph of my/our child. (If you have any questions please give us a call).

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

Date: _____ Print Name: _____ Signature: _____