

# COURTSIDE RACQUET CLUB

2009 USTA NATIONAL FACILITY OF THE YEAR  
2013, 2014, 2015, 2016 USTA Middlestates Premier Facility

SPRING 2017

## ADULT CLINICS

PROGRAM	DAY	TIME	MEMBER	NON-MEM.
<b>Beginner/ Advanced Beginner:</b> 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 OR: 6:00 – 7:00 pm (1 hour)	\$442.	\$481.
	Sat.	9:00 – 10:00 am OR: 10:00 – 11:00 am (1 hour)	\$442.	\$481.
<b>Intermediate:</b> 3.0: Players with some tennis instruction and experience	Mon.	8:30 – 10:00 am /OR Noon – 1:30 pm /OR 6:00 – 7:30 pm /OR 7:30 – 9:00 pm	\$659.	\$715.
	Tues.	9:00 – 10:30 am /OR 10:30 am – Noon /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.	8:30 – 10:00 am OR: 9:00 – 10:30 am OR: 10:30 am – Noon	\$659.	\$715.
	Sat.	8:30 – 10:00 am	\$659.	\$715.
	Sun.	8:30 – 10:00 am	\$659.	\$715.
<b>Intermediate Plus:</b> 3.5: Players with tennis instruction and playing experience	Mon.	8:30 – 10:30 am	\$659.	\$715.
	Tues.	7:30 – 9:00 am OR: 9:00 – 10:30 am OR: 6:00 – 7:30 pm	\$659.	\$715.
	Wed.	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.	10:30 am – Noon OR Noon – 1:30 pm OR: 7:30 – 9:00 pm	\$659.	\$715.
	Sat.	10:00 – 11:30 am	\$659.	\$715.
	Sun.	8:30 – 10:00 am	\$659.	\$715.
<b>Advanced:</b> 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.	12:30 – 2:00 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 / March 26 – June 26, 2017

**No Play April 16 and May 29.**

- 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](http://www.courtsideracquet.com)

Please save top half of form for  
scheduling reference

### ADULT CLINICS Spring 2017 Registration

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

Name: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please check box if:  You are returning and would like to keep the same day and time.

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 Undersigned, an adult participant of legal age, hereby agree that I will abide by the rules of Courtside Racquet Club, LLC (hereinafter "Courtside") and I hereby release, discharge, and/or otherwise indemnify Courtside, 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. I hereby represent that I am healthy, in sound physical condition and otherwise competent to participate in activities at Courtside. In the event that 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, and I hereby release and hold harmless Courtside in connection therewith. For good and valuable consideration I hereby consent to and authorize the reproduction, for publication use by Courtside for promotional materials, use of any photograph of me and use of my name in such promotional materials. (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: \_\_\_\_\_