

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	\$476.	\$518.
	Tues.	4:00 – 5:00 pm OR: 5:00 – 6:00 pm OR: 6:00 – 7:00 pm OR: 7:00 – 8:00 pm	\$476.	\$518.
	Wed.	4:00 – 5:00 pm OR: 5:00 – 6:00 pm OR: 6:00 – 7:00 pm	\$476.	\$518.
	Thur.	4:00 – 5:00 pm OR: 5:00 – 6:00 pm	\$476.	\$518.
	Fri.	4:00 – 5:00 pm OR: 5:00 – 6:00 pm OR: 6:00 – 7:00 pm OR: 7:00 – 8:00 pm	\$476.	\$518.
	Sat.	9:00 – 10:00 am OR: 10:00 – 11:00 am OR: 11:00 am – Noon OR: Noon – 1:00 pm	\$476.	\$518.
	Intermediate Adv. Intermediate Players who can keep the ball in play from the baseline, serve, and keep score	Mon.	4:00 – 5:00 pm	\$476.
Mon.		5:00 – 6:30 pm (90 min.)	\$699.	\$769.
Tues.		4:00 – 5:00 pm OR 5:00 – 6:00 pm OR 6:00 – 7:00 pm OR: 7:00 – 8:00 pm	\$476.	\$518.
Tues.		6:00 – 7:30 pm (90 min.)	\$699.	\$769.
Wed.		4:00 – 5:00 pm OR 5:00 – 6:00 pm OR 6:00 – 7:00 pm	\$476.	\$518.
Thur.		4:00 – 5:00 pm OR 5:00 – 6:00 pm	\$476.	\$518.
Fri.		4:00 – 5:00 pm OR 5:00 – 6:00 pm OR 6:00 – 7:00 pm	\$476.	\$518.
Sat.		9:00 – 10:00 am OR 10:00 – 11:00 am OR 11:00 am – Noon	\$476.	\$518.
Sat.		11:00 am – 12:30 pm OR noon – 1:30 pm (90 min.)	\$699.	\$769.
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.)	\$699.
	Mon.	3:00 – 5:00 pm (2 hour)	\$899.	\$999.
	Tues.	3:00 – 5:00 pm OR 4:00 – 6:00 pm OR 6:00 – 8:00 pm (2 hour)	\$899.	\$999.
	Wed.	3:30 – 5:00 pm OR 5:00 – 6:30 pm OR 6:00 – 7:30 pm (90 min.)	\$699.	\$769.
	Wed.	3:00 – 5:00 pm OR 5:00 – 7:00 pm (2 hour)	\$899.	\$999.
	Thur.	3:30 – 5:00 pm OR 6:00 – 7:30 pm (90 min.)	\$699.	\$769.
	Thur.	3:00 – 5:00 pm (2 hour)	\$899.	\$999.
	Fri.	3:00 – 5:00 pm OR 4:00 – 6:00 pm (2 hour)	\$899.	\$999.
	Sat.	11 am–12:30 pm /OR 12:30–2 pm /OR 2–3:30 pm /OR 3:30–5 pm /OR 5:30–7 pm (90 min.)	\$699.	\$769.
	Sun.	9:30 – 11:00 am (90 min.)	\$699.	\$769.

Mail completed registration form with payment to:
Courtside Racquet Club
Attn: Steve
1115 Route 31 South,
Lebanon, NJ 08833

14 WEEK SESSION / March 20 – July 2, 2018 (No Play: March 26, 30, 31, and April 1)

- Programs require sufficient enrollment to run.
- Any cancellations due to inclement weather are 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.

***Note Clinic End Dates:**
Mon. July 2, Tues. June 26, Wed. June 27,
Thurs. June 28, Fri. June 29, Sat. June 30 & Sun. July 1

Please save top half of form for scheduling reference

www.courtsideracquet.com

junior CLINICS Spring 2018 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

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 parent/guardian of the Participant, a minor, hereby agree that the Participant and 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 the Participant or any third party arising out of Participant's involvement in any activities at Courtside. I certify that the Participant is healthy, in sound physical condition and otherwise competent to participate in activities at Courtside. 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, 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 Participant and the use of and his/her 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: _____