

**Classes meet one time per week for 5 weeks, and offer three levels of play—no play July 4.**

	Session 1	Session 2
<b>Level of Play: 2.0 (Beginners)</b>		
Tuesdays: 6:30–8:00 pm	\$225. June 26 – July 24	\$225. July 31 – August 28
Wednesdays: 6:30–8:00 pm (Session 1 is 4 weeks/No Class July 4th)	\$180. June 27 – July 25	\$225. August 1 – August 29
Thursdays: 6:30–8:00 pm	\$225. June 28 – July 26	\$225. August 2 – August 30
<b>Level of Play: 2.5–3.0 (Intermediate)</b>		
Tuesdays: 6:30–8:00 pm	\$225. June 26 – July 24	\$225. July 31 – August 28
Wednesdays: 6:30–8:00 pm (Session 1 is 4 weeks/No Class July 4th)	\$180. June 27 – July 25	\$225. August 1 – August 29
Thursdays: 6:30–8:00 pm	\$225. June 28 – July 26	\$225. August 2 – August 30
<b>Level of Play: 3.5 and above (Advanced)</b>		
Tuesdays: 6:30–8:00 pm	\$225. June 26 – July 24	\$225. July 31 – August 28
Wednesdays: 6:30–8:00 pm (Session 1 is 4 weeks/No Class July 4th)	\$180. June 27 – July 25	\$225. August 1 – August 29
Thursdays: 6:30–8:00 pm	\$225. June 28 – July 26	\$225. August 2 – August 30

Because of very limited space, this is a first come first serve basis program. Please return your completed registration and check payable to **Courtside Racquet Club**. And mail to Courtside Racquet Club, 1115 Route 31 South, Lebanon, NJ 08833.

Additional information can be obtained from Courtside at 908.713.1144, or e-mail at [info@courtsideracquet.com](mailto:info@courtsideracquet.com).




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

## ADULT CLINICS Summer 2018 Registration (Please fill out one form for each participant)

Please check:		Session 1	Session 2
<b>Level of Play: 2.0 (Beginners)</b>	Tuesdays: 6:30–8:00 pm	<input type="checkbox"/> \$225.	<input type="checkbox"/> \$225.
	Wednesdays: 6:30–8:00 pm	<input type="checkbox"/> \$180.*	<input type="checkbox"/> \$225.
	Thursdays: 6:30–8:00 pm	<input type="checkbox"/> \$225.	<input type="checkbox"/> \$225.
<b>Level of Play: 2.5–3.0 (Intermediate)</b>	Tuesdays: 6:30–8:00 pm	<input type="checkbox"/> \$225.	<input type="checkbox"/> \$225.
	Wednesdays: 6:30–8:00 pm	<input type="checkbox"/> \$180.*	<input type="checkbox"/> \$225.
	Thursdays: 6:30–8:00 pm	<input type="checkbox"/> \$225.	<input type="checkbox"/> \$225.
<b>Level of Play: 3.5 and above (Advanced)</b>	Tuesdays: 6:30–8:00 pm	<input type="checkbox"/> \$225.	<input type="checkbox"/> \$225.
	Wednesdays: 6:30–8:00 pm	<input type="checkbox"/> \$180.*	<input type="checkbox"/> \$225.
	Thursdays: 6:30–8:00 pm	<input type="checkbox"/> \$225.	<input type="checkbox"/> \$225.

\*Session 1 Tuesdays is 4 weeks, No Class July 4th

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Telephone: (\_\_\_\_) \_\_\_\_\_ Daytime Telephone: (\_\_\_\_) \_\_\_\_\_

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: \_\_\_\_\_