

2009 USTA NATIONAL FACILITY OF THE YEAR



908 • 7 | 3 • | | 44 / 908 • 730 • 8225 (fax)

www.courtsideracquet.com

2009 USTA NATIONAL FACILITY C 2013, '14, '15, '16, '17, '18 USTA Middlestates Pr

17,18 USTA Middlestates Premier Facility
III5 Route 31 South
Lebanon, NJ 08833

Courtside Racquet Club, 1115 Route 31 South, Lebanon, NJ 08833

2019 Pool Hours:

Weekends: May 25-27, through June 16

11:00 am - 8:00 pm

Daily: June 17 through September 2

Monday – Fridays: Noon – 8 pm Saturday & Sunday: I I am – 8 pm

Pool information:

Private Swimming Lessons Available
 Call Courtside to find out more about rates for private or group swimming lessons.

- Heated Pool
- Kiddie Pool
- Basketball Court
- Sand Volleyball Court
- Playground Area
- Bring your own food and beverages (no glass containers, please)
- Private Parties

Guest Fees/Policy:

Guests must be accompanied by a member of the swim club.

- **VIP tennis members** get 5 free guest passes with a pool membership paid in full.
- Standard guest fee: \$10. per person.

Pool Memberships are Limited.

Directions: We are located on Route 31 north of Flemington in Lebanon.

From the north: From Route 22 follow Interstate 78 West to Route 31 South (exit 17). Travel 3.9 miles.*

From the south: Take Route 202/Route 31, continue on Route 31 north for 6.3 miles beyond the Flemington Circle.*

*Courtside Racquet Club is located on the southbound side of Route 31.

Need more information? Give us a call, **908•713•1144** or check out our web-site at: **www.courtsideracquet.com**







2019 Pool Membership Application

Select Membership Category:	rate before May 30*	after May 30
Family Membership	□ \$600.	□ \$ 675.
Couple Membership	□ \$475 .	□ \$ 520.
Single Membership	□ \$360.	□ \$ 425.
*To qualify for early membership rates, payment must be m	nade in full by May 30. Po	nyments are non-refundable.
Name:		
Spouse:		
Email:		
Address:		
City:	State/Zip:	
Home Phone:	Vork Phone:	
Emergency Contact (name/phone):		
Children:	1	
Name:	DoB:	M or F
Name:	DoB:	M or F
Name:	DoB:	M or F
Name:	DoB:	M or F
Caregiver Name (If Applicable):		
METHOD OF PAYMENT: Please make checks payable to Courtside I Mail to: I I I 5 Route 3 I S., Lebanon NJ 08833 Cash Check Visa M/C AmEx VIP No. Credit Card #:	Amount Enclosed:	
Signature:		
elease Statement: I, the Undersigned, certify that I am of legal age, w), agree that the Pool Member will abide by all rules, terms and con and Pool Member hereby releases, hold harmless, discharges and/or oth tents and instructors against any claim by or on behalf of the Pool Member ent in any activities at the Club, including but not limited to activities eas within the legal limits of the Club. I certify that the Pool Member participate in activities at the Club. In the event the Pool Member ember hereby authorizes and consents to be transported from the Club be in the Pool Members best interests by the appropriate medical pherwise indemnifies the Club in connection therewith. For good and w	ditions of Courtside Racquet nerwise indemnifies the Club, ember, or any third party aris located the pool, the tennis c is healthy, in sound physical comes unable for any reasor lub for such emergency medi ersonnel, and hereby releases	Club, LLC (hereinafter the "Club its owners, officers, employees, sing out of Pool Member's involve flub as well as any and all other condition and otherwise compet 1 to make such decisions, the Poical treatment as may be detern; holds harmless, discharges and

use of Pool Member's name(s) in such promotional materials. The Club reserves the right to amend its rules, terms and conditions at any time. For purposes of this release the term "Pool Member" shall be deemed to include all the adults, minors, and guardians that are

Date:

Print Name:

set forth in the pool membership application as well as his/her/their agents, assigns and guests.