PICKLEBALL CLINICS

BASIC INFO:

- **14 Weeks / 1 Hour Sessions**
- **Cost: $350. member / $378. non-member**
- **Class size: 4 students**
  Limited size to ensure adequate instruction and playing opportunity.
- **Dates: December 5 – March 16**
- **Levels:**

☐ ***Beginner/Introduction –*** focus on positioning, basic shots, shot selection and learning how to dink appropriately

☐ ***Advanced Beginner –*** begin working on more advanced shifting, third shot drop and opening court space by strategic dinks

☐ ***Intermediate –*** focus on third shot drop at a higher level, returning the third shot drop effectively, step back slams, touch shots and taking pace off the ball

☐ ***Advanced –*** work on disguising roll shots more effectively, creating effective use of spin on third shot drops, touch angle shots and student needs

COURTSIDE RACQUET CLUB

WINTER 2022–2023 SCHEDULES:

Mondays:
2:00 – 3:00 pm. or 3:00 – 4:00 pm

Tuesdays:
12:00 – 1:00 pm. or 1:00 – 2:00 pm or 2:00 – 3:00 pm.
or 3:00 – 4:00 pm or 4:00 – 5:00 pm or 5:00 – 6:00 p.m.

Wednesdays:
12:00 – 1:00 pm. or 1:00 – 2:00 pm

Thursdays:
2:00 – 3:00 pm. or 3:00 – 4:00 pm

**No Classes December 24 – January 1*

We also offer Parent/Child Classes!

Have questions? Call us at (908) 713-1144

Our instructors will make every effort to schedule you at your preferred day and time, however, due to class size and coordinating students into appropriate level groups, this may not be possible.

CREATE YOUR OWN GROUP!

www.courtsideracquet.com
Please save top half of form for scheduling reference

Pickleball Clinic Registration WINTER 2022–2023 (Please fill out one form for each participant)

PLEASE CHECK LEVEL: ☐ **BEGINNER/INTRODUCTION** ☐ **ADVANCED BEGINNER** ☐ **INTERMEDIATE** ☐ **ADVANCED**

PLEASE INDICATE TOP 3 PREFERRED CLINIC TIMES:

1st choice: DAY:_____ TIME: _____
2nd choice: DAY:_____ TIME: _____
3rd choice: DAY:_____ TIME: _____

Name: _____

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

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

If there is someone you would be interested in taking a clinic with please list name(s): _____

_____

Amount Enclosed: $_____ Please indicate: Credit Card: ☐ MasterCard ☐ VISA ☐ AMERICAN EXPRESS

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: _____