



junior CLINICS

SPRING 2023

Unsure about school schedules? Interested in day-time? Let us know!

PROGRAM	DAY TIME ME	MBER	NON-MEM.
Beginner/Adv. Beginner	Mon. 4:00 – 5:00 pm OR: 5:00 – 6:00 pm	\$546.	\$588.
	Tues. 4:00 – 5:00 pm OR: 5:00 – 6:00 pm OR: 6:00 – 7:00 pm OR: 7:00 – 8:00 pm	\$546.	\$588.
Children new to the	Wed. 4:00 – 5:00 pm OR: 5:00 – 6:00 pm OR: 6:00 – 7:00 pm	\$546.	\$588.
game and those with	Thur. 4:00 – 5:00 pm OR: 5:00 – 6:00 pm	\$546.	\$588.
some experience	Fri. 4:00 – 5:00 pm OR: 5:00 – 6:00 pm OR: 6:00 – 7:00 pm OR: 7:00 – 8:00 pm	\$546.	\$588.
	Sat. 9:00 – 10:00 am OR: 10:00 – 11:00 am OR: 11:00 am – Noon OR: Noon – 1:00 pm	\$546.	\$588.
	Sun. 10:00 – 11:00 am OR: 11:00 am – Noon	\$ 546.	\$588.
Intermediate Adv. Intermediate	Mon. 4:00 – 5:00 pm	\$546.	\$588.
	Mon. 5:00 – 6:30 pm (90 min.)	\$812.	\$868.
Players who can keep	Tues. 4:00 – 5:00 pm OR 5:00 – 6:00 pm OR 6:00 – 7:00 pm OR: 7:00 – 8:00 pm	\$546.	\$588.
the ball in play from	Tuos 6:00 7:30 pm (90 min.)	\$812.	\$868.
the baseline, serve, and	Wed. 4:00 – 5:00 pm OR 5:00 – 6:00 pm OR 6:00 – 7:00 pm	\$546.	\$588.
keep score	Thur $4.00 = 5.00 \text{ pm}$ OR $5.00 = 6.00 \text{ pm}$	\$546	\$588.
Recp score	Fri. 4:00 – 5:00 pm OR 5:00 – 6:00 pm OR 6:00 – 7:00 pm	\$546.	\$588.
	Sat. 9:00 – 10:00 am OR 10:00 – 11:00 am OR 11:00 am – Noon	\$546.	\$588.
	Sat 11:00 am = 12:30 pm OR noon = 1:30 pm (90 min.)	\$812	\$868.
	Sun. 9:00 – 10:00 am OR 10:00 – 11:00 am OR 11:00 am – Noon	\$546.	\$588.
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.)	\$812.	\$868.
	Mon. 3:00 – 5:00 pm (2 hour)	\$1,092.	\$1,162.
	Tues. 3:00 – 5:00 pm OR 4:00 – 6:00 pm OR 6:00 – 8:00 pm (2 hour)	\$1,092.	\$1,162.
	\\/od 2:20 E:00 pm \QP E:00 \Cdot \c	\$812.	\$868.
	Wed. 3:00 – 5:00 pm OR 5:00 – 7:00 pm (2 hour)	\$1.092	\$1,162.
		\$812.	\$868.
			\$1,162.
	Fri 3:00 – 5:00 pm OR 4:00 – 6:00 pm (2 hour)	\$1,092.	\$1,162.
	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.)	\$812.	\$868.
	Sun. 9:30 – 11:00 am (90 min.)	\$812.	\$868.

14 WEEKS / Starting: March 20 (NO PLAY April 7, 8, 9 and May 29)

- Programs require sufficient enrollment to run.
- Payment is due at the start of each Session.
- · Make-ups are the responsibility of the player.
- No more than 3 make-ups allowed per session
- · You are required to give advanced notice of any make-ups needed 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.
- No credit or refund will be given for any missed classes.

Note Clinic End Dates:

Mon. 6/26, Tue. 6/20, Wed. 6/21, Thur. 6/22, Fri. 6/30,

without prior approval from Steve Bork.	of the club and will be rescheduled.				Sat. 7/8 & Sun. 7/9		
junior CLINICS SPRII	NG 2023 REGISTRA	TION Due t	o limited space, pl	ease list first, seco	ond and third choice.		
Vame:			DoB:/_	/ Age	Boy Girl		
Telephone Number: ()							
Address:					Zip:		
Ooes your child have an allergy or r		'f yes, please include	e details).				
Level of Play: Beginner / Adv. Begin Please check box if: You are retu st choice – Program: And choice – Program: Brd choice – Program:	urning and would like to kee Day: Day: Day:		Time: Time:		Is the participant a member? Yes No If no, would you like to be enrolled as a member? Yes No		
Amount Enclosed: \$ OR:		_ Card No:		•	Exp. date		
OR: Check Enclosed, payable to: Consider the Particle Statement: I, the parent/guardian of the Particreby release, discharge, and/or otherwise indemn of Participant's involvement in any activities at Courn of absence. I hereby authorize and consent for the	ticipant, a minor, hereby agree that the Pa ify Courtside, its owners, officers, employ rtside. I certify that the Participant is heal	articipant and I will a yees and instructors a lthy, in sound physica	bide by the rules of C against any claim by o condition and other	Courtside Racquet Cor on behalf of the Pawise competent to p	lub, LLC (hereinafter "Courtside") and I articipant or any third party arising out participate in activities at Courtside. In		

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:	ate: Print Name:			S	Signature:	
How did	you hear about us?	☐ Facebook	Newspaper	Referal	Other:	