



SUMMER 2023

ADULT CLINICS

Classes meet one time per week for 4 or 5 weeks, and offer three levels of play.

Session 1 (5 Weeks)				Session 2 (5 Weeks)		
Level of Play: 2.0 (Beginners)	Member	Non-member		Member	Non-member	
Tuesdays: 6:30–8:00 pm (July 4th/ 4 weeks*)	\$224.*	\$240.*	June 27 – July 25	\$280.	\$300.	August 1 – August 29
Wednesdays: 6:30–8:00 pm	\$280.	\$300.	June 28 – July 26	\$280.	\$300.	August 2 – August 30
Thursdays: 6:30–8:00 pm	\$280.	\$300.	June 29 – July 27	\$280.	\$300.	August 3 – August 31
Level of Play: 2.5–3.0 (Intermediate)						
Tuesdays: 6:30–8:00 pm (July 4th/ 4 weeks*)	\$224.*	\$240.*	June 27 – July 25	\$280.	\$300.	August 1 – August 29
Wednesdays: 6:30–8:00 pm	\$280.	\$300.	June 28 – July 26	\$280.	\$300.	August 2 – August 30
Thursdays: 6:30–8:00 pm	\$280.	\$300.	June 29 – July 27	\$280.	\$300.	August 3 – August 31
Level of Play: 3.5 and above (Advanced)						
Tuesdays: 6:30–8:00 pm (July 4th/ 4 weeks*)	\$224.*	\$240.*	June 27 – July 25	\$280.	\$300.	August 1 – August 29
Wednesdays: 6:30–8:00 pm	\$280.	\$300.	June 28 – July 26	\$280.	\$300.	August 2 – August 30
Thursdays: 6:30–8:00 pm	\$280.	\$300.	June 29 – July 27	\$280.	\$300.	August 3 – August 31

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**. 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.

www.courtsideracquet.com

ADULT CLINICS Summer 2023 Registration (Please fill out one form for each participant)

Please check:

		Session 1 (5 Wks)		Session 2 (5 Wks)	
		Member	Non-member	Member	Non-member
Level of Play: 2.0 (Beginners)	Tuesdays: 6:30–8:00 pm	<input type="checkbox"/> \$224.*	<input type="checkbox"/> \$240.*	<input type="checkbox"/> \$280.	<input type="checkbox"/> \$300.
	Wednesdays: 6:30–8:00 pm	<input type="checkbox"/> \$280.	<input type="checkbox"/> \$300.	<input type="checkbox"/> \$280.	<input type="checkbox"/> \$300.
	Thursdays: 6:30–8:00 pm	<input type="checkbox"/> \$280.	<input type="checkbox"/> \$300.	<input type="checkbox"/> \$280.	<input type="checkbox"/> \$300.
Level of Play: 2.5–3.0 (Intermediate)	Tuesdays: 6:30–8:00 pm	<input type="checkbox"/> \$224.*	<input type="checkbox"/> \$240.*	<input type="checkbox"/> \$280.	<input type="checkbox"/> \$300.
	Wednesdays: 6:30–8:00 pm	<input type="checkbox"/> \$280.	<input type="checkbox"/> \$300.	<input type="checkbox"/> \$280.	<input type="checkbox"/> \$300.
	Thursdays: 6:30–8:00 pm	<input type="checkbox"/> \$280.	<input type="checkbox"/> \$300.	<input type="checkbox"/> \$280.	<input type="checkbox"/> \$300.
Level of Play: 3.5 and above (Advanced)	Tuesdays: 6:30–8:00 pm	<input type="checkbox"/> \$224.*	<input type="checkbox"/> \$240.*	<input type="checkbox"/> \$280.	<input type="checkbox"/> \$300.
	Wednesdays: 6:30–8:00 pm	<input type="checkbox"/> \$280.	<input type="checkbox"/> \$300.	<input type="checkbox"/> \$280.	<input type="checkbox"/> \$300.
	Thursdays: 6:30–8:00 pm	<input type="checkbox"/> \$280.	<input type="checkbox"/> \$300.	<input type="checkbox"/> \$280.	<input type="checkbox"/> \$300.

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: _____