



# Summer 2024

## Ladies Drill & Play

July 9 - August 28

- 3.0 and up!
- Tuesdays with Frank  
11:30am - 1:30 pm
- Wednesdays 3.5+  
with Bobby  
4:00 - 6:00 pm
- at **COURTSIDE**
- \$50. per day:

**DROP IN MUST  
HAVE 4 TO RUN**

**COURTSIDE**  
**RACQUET CLUB**

[www.courtsideracquet.com](http://www.courtsideracquet.com)  
or call (908) 713.1144

Please save top half of form for scheduling reference.

### Summer 2024 Ladies Drill & Play Registration

Sign me up!  Tuesdays with Frank  Wednesdays with Bobby

Name: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

Please indicate: Credit Card:      

OR:  VIP Number: \_\_\_\_\_ Card No: \_\_\_\_\_ Exp. date: \_\_\_\_\_

OR:  Check Enclosed, payable to: **Courtside Racquet Club**  
1115 Route 31 South, Lebanon, NJ 08833  
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: \_\_\_\_\_