



C L I N I C S

SUMMER 2024

BASIC INFO:

- **8 WEEKS / 1 HOUR Sessions**
Cost: \$200. member / \$240. non-member
- **8 Weeks / 1 1/2 HOUR Sessions***
Cost: \$300. member / \$360. non-member
- **Class size: 4 students**
Limited size to ensure adequate instruction and playing opportunity.
- **Dates: July 8 – August 30**
- **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

Mondays:	9:00 – 10:00 am or 1:00 – 2:00 pm or 4:00 – 5:30 pm*	or 10:00 – 11:00 am or 2:00 – 3:00pm	or 11:00 am – noon or 3:00 – 4:00 pm
Tuesdays:	8:00 – 9:00 am or 2:00 – 3:00pm or 4:00 – 5:00 pm	or 9:00 – 10:00 am or 3:00 – 4:00 pm or 6:00 – 7:30 pm*	or 10:00 – 11:00 am or 3:00 – 4:30 pm*
Wednesdays:	1:00 – 2:00pm or 3:00 – 4:00 pm	or 2:00 – 3:00 pm	or 2:30 – 4:00 pm*
Thursdays^:	1:00 – 2:00pm or 3:00 – 4:00 pm	or 1:30 – 3:00 pm* or 4:00 – 5:30 pm*	or 2:00 – 3:00 pm or 6:00 – 7:30 pm*
Fridays:	7:00 – 8:00 am or 2:00 – 3:00pm	or 8:00 – 9:00 am or 3:00 – 4:00 pm	or 9:00 – 10:00 am

INTERESTED IN A 3 AND ME CLINIC?
This is limited to 3 Players and the Pro! Ask your Pro for Details!

** SCHEDULE IS USED AS A TEMPLATE – TIMES MAY VARY BASED ON LEVEL / AVAILABILITY. 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.*

^ PLEASE NOTE: THURSDAY JULY 4TH WILL BE PRO-RATED

Please save top half of form for scheduling reference

www.courtsideracquet.com

Pickleball CLINICS Registration SUMMER 2024 (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: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
OR: <input type="checkbox"/> VIP Number: _____	Card No: _____ Exp. date _____
OR: <input type="checkbox"/> 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: _____