



junior CLINICS

SPRING 2025

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

PROGRAM	DAY	TIME				MEMBER	NON-MEM.
Beginner/Adv. Beginner	Mon.	4:00 - 5:00 pm	OR: 5:00 - 6:00 pm			\$602.	\$644.
	Tues.	4:00 - 5:00 pm	OR: 5:00 - 6:00 pm	OR: 6:00 - 7:00 pm	OR: 7:00 - 8:00 pm	\$602.	\$644.
	Wed.	4:00 – 5:00 pm	OR: 5:00 - 6:00 pm	OR: 6:00 – 7:00 pm		\$602.	\$644.
Children new to the game and those with some experience	Thur.	4:00 - 5:00 pm	OR: 5:00 - 6:00 pm	······································		\$602.	\$644.
	Fri.	4:00 - 5:00 pm	OR: 5:00 - 6:00 pm	OR: 6:00 - 7:00 pm	OR: 7:00 - 8:00 pm	\$602.	\$644.
	Sat.	9:00 - 10:00 am	OR: 10:00 – 11:00 am	OR: 11:00 am - Noon	OR: Noon - 1: 00 pm	\$602.	\$644.
	Sun.	10:00 – 11:00 am	OR: 11:00 am - Noon		······································	\$602.	\$644.
Intermediate Adv. Intermediate Players who can keep the ball in play from the baseline, serve, and keep score	Mon.	4:00 - 5:00 pm				\$602.	\$644.
	Mon.	5:00 - 6:30 pm (90 min.)				\$910.	\$966.
	Tues.	4:00 - 5:00 pm	OR 5:00 - 6:00 pm	OR 6:00 - 7:00 pm	OR: 7:00 - 8:00 pm	\$602.	\$644.
	Tues.	6:00 - 7:30 pm (90 min.)				\$910.	\$966.
	Wed.	4:00 - 5:00 pm	OR 5:00 – 6:00 pm	OR 6:00 - 7:00 pm		\$602.	\$644.
	Thur.	4:00 - 5:00 pm	OR 5:00 – 6:00 pm			\$602.	\$644.
	Fri.	4:00 - 5:00 pm	OR 5:00 – 6:00 pm	OR 6:00 - 7:00 pm		\$602.	\$644.
	Sat.	9:00 – 10:00 am	OR 10:00 – 11:00 am	OR 11:00 am – Noon		\$602.	\$644.
	Sat.	11:00 am – 12:30 pm	OR noon – 1:30 pm (90 min.)			\$910.	\$966.
	Sun.	9:00 - 10:00 am	OR 10:00 - 11:00 am	OR 11:00 am - Noon		\$602.	\$644.
	Mon.	3:30 - 5:00 pm	OR 5:00 - 6:30 pm (90 min.)			\$910.	\$966.
Tournament Training	Mon.	3:00 - 5:00 pm (2 hour)				\$1,204.	\$1,288.
Ages 12 + Advanced Intermediate, High School Boys and Girls, and Tournament Players	Tues.	3:00 – 5:00 pm	OR 4:00 – 6:00 pm	OR 6:00 - 8:00 pm (2 hour)		\$1,204.	\$1,288.
	Wed.	3:30 - 5:00 pm	OR 5:00 – 6:30 pm	OR 6:00 – 7:30 pm (90 min.)		\$910.	\$966.
	Wed.	3:00 – 5:00 pm	OR 5:00 - 7:00 pm (2 hour)			\$1,204.	\$1,288.
	Thur.	3:30 – 5:00 pm	OR 6:00 – 7:30 pm (90 min.)			\$910.	\$966.
	Thur.	3:00 - 5:00 pm (2 hour)				\$1,204.	\$1,288.
	Fri.	3:00 – 5:00 pm	OR 4:00 - 6:00 pm (2 hour)			\$1,204.	\$1,288.
	Sat.		:30 - 2 pm OR 2 - 3:30 pm Ol	R 3:30 – 5 pm OR 5:30 – 7 pm (9	0 min.)	\$910.	\$966.
	Sun.	9:30 - 11:00 am (90 m	in.)			\$910.	\$966.

14 WEEKS / Starting: March 23 (NO PLAY April 19 & 20)

How did you hear about us? ☐ Facebook

- 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 1 make-up allowed per session without prior approval from Steve Bork.
- 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.
- Any cancellations due to inclement weather are at the discretion of the club and will be rescheduled.

Note Clinic End Dates:

Mon. 6/23, Tue. 6/24, Wed. 6/25, Thur. 6/26, Fri. 6/27, Sat. 7/5 & Sun. 6/29

Name:		DoB:/_	/	Age:	☐ Boy ☐ Girl				
Telephone Number: ()	E-mail:								
Address:	City:		State: _	Zip:					
Does your child have an allergy or medical i	ssues? \square No \square Yes (If yes, please in	nclude details).							
	vel of Play: Beginner / Adv. Beginner / Interm. / Advanced ease check box if: You are returning and would like to keep the same day and time.								
1st choice – Program:					If no, would you like to be enrolled as a member?				
2nd choice – Program:	Day:	Time:			Yes No				
3rd choice – Program:	Day:	Time:_			2.00 2.10				
Amount Enclosed: \$	Please indicate: Credit Card:	MasterCard	VISA	GMERIGAN EXCRESS	CVV: (3- or 4-digit Card Security Code)				
OR: VIP Number:	Card No:_				Exp. date:				
OR: Check Enclosed, payable to: Courtside	Racquet Club Signature:								
Release Statement: I, the parent/guardian of the Participant, a minor and/or otherwise indemnify Courtside, its owners, officers, employee I certify that the Participant is healthy, in sound physical condition ar gency medical care, if necessary, and for such emergency medical tre in connection therewith. For good and valuable consideration I herel of and his/her name in such promotional materials. (If you have any	s and instructors against any claim by or on behalf of th d otherwise competent to participate in activities at Cou atment as may be determined to be in Participant's bes by consent to and authorize the reproduction, for public	e Participant or any th rtside. In my absence t interest by the appre ation use by Courtside	nird party arising , I hereby author opriate medical p e for promotional	out of Participant's ir ize and consent for the personnel, and I here I materials, use of an	nvolvement in any activities at Courtside ne Participant to be transported for emei by release and hold harmless Courtside				

Signature:

Other:_

Referal

☐ Newspaper