



junior CLINICS

FALL 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			\$585.	\$624.
	Tues.	4:00 - 5:00 pm	OR: 5:00 - 6:00 pm	OR: 6:00 - 7:00 pm	OR: 7:00 - 8:00 pm	\$585.	\$624.
	Wed.	4:00 - 5:00 pm	OR: 5:00 - 6:00 pm	OR: 6:00 - 7:00 pm		\$585.	\$624.
Children new to the game and those with some experience	Thur.	4:00 - 5:00 pm	OR: 5:00 - 6:00 pm			\$585.	\$624.
	Fri.	4:00 - 5:00 pm	OR: 5:00 - 6:00 pm	OR: 6:00 - 7:00 pm	OR: 7:00 - 8:00 pm	\$585.	\$624.
	Sat.	9:00 – 10:00 am	OR: 10:00 – 11:00 am	OR: 11:00 am - Noon	OR: Noon – 1: 00 pm	\$585.	\$624.
	Sun.	10:00 – 11:00 am	OR: 11:00 am - Noon			\$585.	\$624.
	Mon.	4:00 - 5:00 pm				\$585.	\$624.
Intermediate Adv. Intermediate Players who can keep the ball in play from the baseline, serve, and keep score	Mon.	5:00 - 6:30 pm (90 min.))			\$871.	\$923.
	Tues.	4:00 – 5:00 pm	OR 5:00 – 6:00 pm	OR 6:00 - 7:00 pm	OR: 7:00 - 8:00 pm	\$585.	\$624.
	Tues.	6:00 - 7:30 pm (90 min.))			\$871.	\$923.
	Wed.	4:00 - 5:00 pm	OR 5:00 – 6:00 pm	OR 6:00 - 7:00 pm		\$585.	\$624.
	Thur.	4:00 – 5:00 pm	OR 5:00 – 6:00 pm			\$585.	\$624.
	Fri.	4:00 - 5:00 pm	OR 5:00 – 6:00 pm	OR 6:00 - 7:00 pm		\$585.	\$624.
	Sat.	9:00 – 10:00 am	OR 10:00 – 11:00 am	OR 11:00 am – Noon		\$585.	\$624.
	Sat.	11:00 am - 12:30 pm	OR noon – 1:30 pm (90 min.)			\$871.	\$923.
	Sun.	9:00 – 10:00 am	OR 10:00 – 11:00 am	OR 11:00 am - Noon		\$585.	\$624.
	Mon.	3:30 - 5:00 pm	OR 5:00 - 6:30 pm (90 min.)			\$871.	\$923.
Tournament Training	Mon.	3:00 - 5:00 pm (2 hour)				\$1,170.	\$1,248.
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)		\$1,170.	\$1,248.
	Wed.	3:30 - 5:00 pm	OR 5:00 - 6:30 pm	OR 6:00 - 7:30 pm (90 min.)		\$871.	\$923.
	Wed.	3:00 - 5:00 pm	OR 5:00 - 7:00 pm (2 hour)			\$1,170.	\$1,248.
	Thur.	3:30 - 5:00 pm	OR 6:00 - 7:30 pm (90 min.)			\$871.	\$923.
	Thur.	3:00 - 5:00 pm (2 hour)				\$1,170.	\$1,248.
	Fri.	3:00 - 5:00 pm	OR 4:00 - 6:00 pm (2 hour)			\$1,170.	\$1,248.
	Sat.		2:30 – 2 pm OR 2 – 3:30 pm OI	R 3:30 – 5 pm OR 5:30 – 7 pm (9	0 min.)	\$871.	\$923.
	Sun.	9:30 - 11:00 am (90 m	in.)			\$871.	\$923.

13 WEEKS / Starting: September 2 (NO PLAY November 27)

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. 12/1, Tue. 11/25, Wed. 11/26, Thur. 12/4, Fri. 12/5, Sat. 11/29 & Sun. 11/30

Name:		DoB:	_//_	Age:		☐ Boy ☐ Girl		
Telephone Number: ()	E-mail:							
Address:	City:		Sta	te:	Zip: _			
Does your child have an allergy or medical is:	sues? □ No □ Yes (If yes, please i	nclude deta	ils).					
Level of Play: ☐ Beginner / ☐ Adv. Beginner . Please check box if: ☐ You are returning an	Is the participant a member? \square Yes \square No							
1st choice – Program:	Day:	Tim	e:			If no, would you like to be enrolled as a member?		
2nd choice – Program:	Day:	Time:				☐ Yes ☐ No		
3rd choice – Program:	Day:	Time	e:					
Amount Enclosed: \$	Please indicate: Credit Card:	MasterCard	VISA		MERION DORRESS	CVV: (3- or 4-digit Card Security Code)		
OR: UIP Number:	Card No:_				E	Exp. date:		
OR: Check Enclosed, payable to: Courtside	Racquet Club Signature:							
Release Statement: I, the parent/guardian of the Participant, a minor, I and/or otherwise indemnify Courtside, its owners, officers, employees I certify that the Participant is healthy, in sound physical condition and gency medical care, if necessary, and for such emergency medical trea in connection therewith. For good and valuable consideration I hereby of and his/her name in such promotional materials. (If you have any q	and instructors against any claim by or on behalf of th otherwise competent to participate in activities at Cou tment as may be determined to be in Participant's bes consent to and authorize the reproduction, for public	e Participant or a ortside. In my abso to interest by the a ation use by Cour	ny third party a ence, I hereby a appropriate me tside for promo	rising out of Pa outhorize and o dical personne otional materia	articipant's inv consent for the el, and I hereby	olvement in any activities at Courtside Participant to be transported for eme release and hold harmless Courtside		

Signature:

Other:_

Referal

☐ Newspaper