



# CLINICS

## FALL 2025 SCHEDULES:

**Mondays:** 9:00 – 10:00 am or 10:00 – 11:00 am or 11:00 am – noon  
or 1:00 – 2:00 pm or 2:00 – 3:00 pm or 3:00 – 4:00 pm  
or 4:00 – 5:30 pm\*

**Tuesdays:** 8:00 – 9:00 am or 9:00 – 10:00 am or 10:00 – 11:00 am  
or 2:00 – 3:00 pm or 3:00 – 4:00 pm or 3:00 – 4:30 pm\*  
or 4:00 – 5:00 pm or 6:00 – 7:30 pm\*

**Wednesdays:** 1:00 – 2:00 pm or 2:00 – 3:00 pm or 2:30 – 4:00 pm\*  
or 3:00 – 4:00 pm

**Thursdays:** 1:00 – 2:00 pm or 1:30 – 3:00 pm\* or 2:00 – 3:00 pm  
or 3:00 – 4:00 pm or 4:00 – 5:30 pm\* or 6:00 – 7:30 pm\*

**Fridays:** 7:00 – 8:00 am or 8:00 – 9:00 am or 9:00 – 10:00 am  
or 2:00 – 3:00 pm or 3:00 – 4:00 pm

### 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.

**Note Clinic End Dates:** Mon. 12/1, Tue. 11/25, Wed. 11/26, Thur. 12/4, Fri. 12/5

[www.courtsideracquet.com](http://www.courtsideracquet.com)

Please save top half of form for scheduling reference

## Pickleball CLINICS Registration FALL 2025 (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: ☐  ☐  ☐  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 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: \_\_\_\_\_