

BASIC INFO:

- 13 Weeks / 1 HOUR Sessions
 Cost: \$377. member / \$442. non-member
- 13 Weeks / 90 MINUTE Sessions*
 Cost: \$533. member / \$572. non-member
- Class size: 4 students
 Limited size to ensure adequate instruction and playing opportunity.
- Dates: September 2 December 5 No Classes November 27.
- 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.

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

www.courtsideracquet.com

Please save top half of form for scheduling reference

Pickleball	CLINICS Reg	gistratio	on FALL 2025 (Please fill o	out one form	for each participan	t)
PLEASE CHECK LEVEL: BEGI	NNER/INTRODU	ICTION	☐ ADVANCED BEGINN	NER 🗆 IN	NTERMEDIATE	\square ADVANCED
PLEASE INDICATE TOP 3 PREFERRED CLINIC TIMES:	2nd choice:	DAY:			TIME:	
Name: Telephone Number: ()						
		City: State: Zip:				
If there is someone you would be intere	ested in taking a clir	nic with pl	ease list name(s):			
Amount Enclosed: \$ Please indicate: Credit Card: \(\begin{array}{c} \leftit{VISA} \\ \end{array} \\\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \en						
OR: VIP Number:OR: Check Enclosed, payable to: Co					Ехр.	date:

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: