COURTSIDE
RACQUET CLUB

ADULT CLINICS WINTER 2026/2027

Maximum 4 Players Per Court

PROGRAM	DAY	TIME			MEMBER	NON-MEM.
Beginner/ Advanced Beginner: *2.0–2.5: Players with very little experience*	Tues.	Noon – 1:00 pm			$658.	$700.
	Fri.	8:00 – 9:00 am	OR: 6:00 – 7:00 pm		$658.	$700.
	Sat.	8:00 – 9:00 am			$658.	$700.
	Sun.	9:00 – 10:00 am			$658.	$700.
Intermediate: *3.0: Players with some tennis instruction and experience*	Mon.	8:30 – 10:00 am	OR 6:00 – 7:30 pm	OR 7:30 – 9:00 pm	$966.	$1,022.
	Tues.	9:00 – 10:30 am	OR 10:30 am – Noon	OR 6:00 – 7:30 pm OR 7:30 – 9:00 pm	$966.	$1,022.
	Wed.	10:30 am – Noon	OR: 6:00 – 7:30 pm	OR: 6:30 – 8:00 pm	$966.	$1,022.
	Thur.	9:00 – 10:30 am	OR: 10:30 am – Noon	OR: Noon – 1:30 pm	$966.	$1,022.
	Fri.	8:30 – 10:00 am	OR: 9:00 – 10:30 am	OR: 10:30 am – Noon	$966.	$1,022.
Intermediate Plus: *3.5: Players with tennis instruction and playing experience*	Mon.	8:30 – 10:00 am			$966.	$1,022.
	Tues.	7:30 – 9:00 am	OR: 9:00 – 10:30 am	OR: 6:00 – 7:30 pm	$966.	$1,022.
	Wed.	Noon – 1:30 pm			$966.	$1,022.
	Thur.	9:00 – 10:30 am	OR: 10:30 am – Noon	OR: Noon – 1:30 pm	$966.	$1,022.
	Fri.	Noon – 1:30 pm	OR: 7:30 – 9:00 pm		$966.	$1,022.
	Sat.	10:00 – 11:30 am			$966.	$1,022.
	Sun.	8:30 – 10:00 am			$966.	$1,022.
Advanced: *4.0: Playing experience and play at a competitive level*	Mon.	7:30 – 9:00 pm			$966.	$1,022.
	Tues.	7:30 – 9:00 pm	OR: 10:30 am – Noon		$966.	$1,022.
	Fri.	12:30 – 2:00 pm			$966.	$1,022.

14 WEEKS / Starting: December 1, 2026 *(NO PLAY December 24 – January 1)*

- 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. 3/15, Tue. 3/9, Wed. 3/10, Thur. 3/25, Fri. 3/26, Sat. 3/20 & Sun. 3/14

Please save top half of form for scheduling reference

(908) 713-1144 **www.courtsideracquet.com**

ADULT CLINICS WINTER 2026/2027 Registration *Due to limited space, please list first, second and third choice.*

Name: _____

Telephone Number: (_____) _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Please check box if: ☐ ***You are returning and would like to keep the same day and time.***

1st choice – Program: _____ Day: _____ Time: _____

2nd choice– Program: _____ Day: _____ Time: _____

3rd choice– Program: _____ Day: _____ Time: _____

Is the participant a member? ☐ Yes ☐ No

If no, would you like to be enrolled as a member?

☐ Yes ☐ No

Amount Enclosed: $_____ Please indicate: Credit Card: ☐ MasterCard ☐ VISA ☐ AMERICAN EXPRESS **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: _____

How did you hear about us? ☐ Facebook ☐ Newspaper ☐ Referal ☐ Other: _____