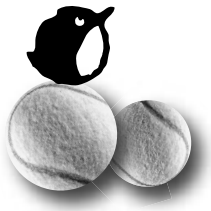
Drop-In at Courtside DAY or NIGHT!

2026/2027 SEASON

Doubles League

- **Cost: $30. per week**
  **24 hour cancellation notification is required or a fee of $15. will be charged.*
- *Open to ALL players!*
- Monday (Level: 3.0, 3.5): 12 pm – 2 pm
- Wednesday (Level: 3.0, 3.5, 4.0): 12 pm – 2 pm
- Thursday (Level: 3.0, 3.5, 4.0): 10 am – 12 pm
- Friday (Level: 3.0, 3.5, 4.0): 10 am – 12 pm
- Balls Included
- *Contact Bobby Weiss at the club to register.*



www.courtsideracquet.com
phone: (908) 713-1144



- **Cost: $30. per week**
  **24 hour cancellation notification is required or a fee of $15. will be charged.*
- **Wednesdays:** 9:00 – 10:30 pm AND/OR
  Thursdays: 9:00 – 10:30 pm
- New tennis balls for play each week
- *Please contact David Yun 908/635-3855 with questions or to register.*



COURTSIDE
RACQUET CLUB

Please save top half of form for scheduling reference

Doubles League: Day Registration

What's your level? 3.0 ☐ 3.5 ☐ 4.0 ☐

Late Nite Doubles: Night Registration

☐ **Wednesdays:** 9:00 – 10:30 pm AND/OR
☐ **Thursdays:** 9:00 – 10:30 pm

Name: _____

Telephone Number: (_____) _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

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: _____