

Pickleball at Bundt Park

**SPRING
2025**

Adult INTRO to Pickleball

\$120. per adult / \$150. Non-Resident

Beginner (1 hour classes)

Focus on basic strokes and rules.

- **Mondays: April 7, 14, 21, 28**
6:00 - 7:00 pm
- **Thursdays: April 3, 10, 17, 24**
9:00 - 10:00 am
- **Mondays: May 5, 12, 19, 26**
6:00 - 7:00 pm
- **Thursdays: May 1, 8, 15, 22**
9:00 - 10:00 am
- **Mondays: June 2, 9, 16, 23**
6:00 - 7:00 pm
- **Thursdays: June 5, 12, 19, 26**
9:00 - 10:00 am

Advanced Beginner (1 hour classes)

Sharpen strokes and team strategy in doubles play.

- **Mondays: April 7, 14, 21, 28**
7:00 - 8:00 pm
- **Thursdays: April 3, 10, 17, 24**
10:00 - 11:00 am
- **Mondays: May 5, 12, 19, 26**
7:00 - 8:00 pm
- **Thursdays: May 1, 8, 15, 22**
10:00 - 11:00 am
- **Mondays: June 2, 9, 16, 23**
7:00 - 8:00 pm
- **Thursdays: June 5, 12, 19, 26**
10:00 - 11:00 am

*All programs are
4 classes per each month /
Each class offered at a
4 student maximum*

**Please call: (908) 713-1144
if you have any questions.**

*Please save top half of form for your
scheduling reference.*

Clinton Twp. Recreation: Pickleball at Bundt Park Due to limited space, please list first and second choices.

Name of Participant: _____


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

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

Adult INTRO to Pickleball: *Please check level* **Beginner** **Advanced Beginner**

1st choice - Month (*please circle*) **April / May / June** Day (*please circle*) **Monday OR Thursday** Indicate Time: _____

2nd choice - Month (*please circle*) **April / May / June** Day (*please circle*) **Monday OR Thursday** Indicate Time: _____

Amount Enclosed: \$ _____ Please indicate: Credit Card:   

OR: Check Enclosed, payable to: **Courtside Racquet Club** Card No: _____ Exp. date _____ CVW: _____
(3- or 4-digit Card Security Code)

Signature: _____

Please return completed for to: Courtside Racquet Club, 1115 State Route 31 South, Lebanon, NJ 08833

Release Statement: I, the Undersigned, an adult participant--or guardian of 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 participant is healthy, in sound physical condition and otherwise competent to participate in activities at Courtside. In the event that participant is unable (or can not be reached in case of guardian participant), 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: _____