

Parkside Tennis Club
6 Memorial Dr.
Windsor, Ont.
N8X 5C8
(519) 977-7746
parksidetennisclub@outlook.com

AMOUNT PD> _____
DATE PD> _____
METHOD> _____

PARKSIDE

Saturday Junior Clinic

September 6th-December 20th, 2025

CURRENTLY LIMITED STUDENTS PER COURT

COST FOR THE 16 WEEKS

1 HOUR PER WEEK = \$433.92/SESSION

2 HOURS PER WEEK = \$831.68/SESSION

No refunds or credits will be given, as we limit the number of students per group.

ONCE YOU DECIDE ON A TIME CHANGES WILL ONLY BE ALLOWED IF AVAILABLE

NAME: _____ PHONE: _____ AGE: _____

EMAIL: _____

Allergies/Medications: _____

CLINIC TIMES → 9 YEARS OLD & OVER: 8:30 9:30 10:30 11:30
8 YEARS OLD & UNDER: 12:30 PM 1:30 PM

**ATTENTION: Players 9 and over will be scheduled from 8:30am, 9:30am, 10:30am, or 11:30am.
Players 8 and under will be scheduled at 12:30pm or 1:30pm.**

I, the undersigned, understand that Parkside Tennis Club, its Board members and designates are not responsible for injuries incurred while the above persons are participating in any club activity. I understand that all fees are non-refundable. Please Make Cheques Payable to Parkside Tennis Club.

Signature: _____ Date: _____