

Boys High School Camps July 12-16 2010 and July 19-23 2010 at Hunterdon Central

Courtside's Top Dog and staff, will be hosting a tennis camp specifically for boys that are competing or planning on competing on their High School varsity or junior varsity tennis team.

- The camp will be aggressive and deal with all aspects of match play: mental, tactical and physical
- Camps are 5 days; Monday thru Fridays 1pm-4pm
- Back up plans are in place to cover rainy weather (Saturday or Courtside)
- Day visits may be purchased

Cost:\$240 per week - \$400 for both weeks OR Day Visit: \$60 per day

Other Top Dog Girls High School Camps

At Warren Hills High School	July 26-July 30 9am-12noon
At North Hunterdon High School	August 2-August 6 9am-12noon or full day
At Hunterdon Central High School	August 9-August 13 9am-12noon or full day

Registration

Name: _____ Address: _____
 Home Phone # _____ Cell phone# _____
 Emergency # _____ E-mail _____

I would like to attend camp:

Week 1: July 12-16 _____ Week 2: July 19-23 _____ or both weeks: _____

Amount Enclosed: \$ _____ VIP# _____ or check enclosed _____
 Credit Card: MasterCard _____ Visa _____ American Express _____
 Card # _____
 Signature _____

Release Statement: I, the parent/guardian of the Participant, a minor, hereby agree that the Participant and I will abide by the rules of Courtside Racquet Club, LLC and we hereby release, discharge, and/or otherwise indemnify Courtside Racquet Club, LLC, its owners, officers, employees and instructors against any claim by or on behalf of the Participant or any third party arising out of Participant's involvement in any activities at Courtside Racquet Club. I certify that the Participant is healthy, in sound physical condition and otherwise competent to participate in activities at Courtside Racquet Club. In my absence, I hereby authorize and consent for the Participant to be transported for emergency medical care, if necessary, and for such emergency medical treatment as may be determined to be in participants' best interest by the appropriate medical personnel.

Date: _____ Print Parent/Guardian Name: _____
 Parent/Guardian Signature _____



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