

# Hunterdon Central High School

## July 26-30 and August 9-13 2010

Courtside's Top Dog and staff, will be hosting tennis camps specifically for girls 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 Mondays thru Fridays
- Back up plans are in place to cover rainy weather (Saturday or Courtside)
- Day visits may be purchased

### Fees

Mornings: 9am-12noon \$240 per week  
 Both morning and afternoon (1:00-4:00pm) sessions: \$400 per week  
 Day visits: \$60 per 1/2 day \$100 for full day

*Other Top Dog Girls High School Camps*  
 At Warren Hills High School      July 26-July 30  
 At North Hunterdon High School      August 2-August 6

**Girls do not need to be students at the hosting high school in order to participate in the camp**

### REGISTRATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Emergency #: \_\_\_\_\_ e-mail: \_\_\_\_\_

I would like to attend:    July 26-30      Morning camp 9am-12noon OR Full day camp   
    August 9-13      Morning camp 9am-12noon OR Full day camp

Amount enclosed: \$ \_\_\_\_\_ Courtside VIP #: \_\_\_\_\_ Check enclosed: \_\_\_\_\_  
 Credit Card: MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ AMEX: \_\_\_\_\_ 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: \_\_\_\_\_

Signature \_\_\_\_\_

**Courtside Racquet Club; 1115 State Route 31 South,  
 Lebanon, NJ 08833**

**Phone: 908-713-1144      fax 908-730-8225**

