

North Hunterdon High School

August 2-6 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 Hunterdon Central High School August 9-13

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: Morning camp 9am-12noon
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: _____

Parent/Guardian Signature _____

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

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

www.courtsideracquet.com

