

# TOP DOG TENNIS CAMP AT WHITE OAK PARK 2011

Courtside's Top Dog Tennis Camp is a program for players of all abilities and ages. Campers will learn the basics of the game, strokes and tactics as well as scoring and etiquettes. The attitude and tone of the camp is for players to ENJOY themselves and have FUN while learning the game of tennis. Camps will run from 1-4pm daily Monday-Thursday with Friday as the "rain/make" up day .

**THE COST OF THE CAMP IS \$109 PER WEEK (Same as 2005)**

## REGISTRATION

I want to attend camp on: (circle one)

Session 1: June 27 - June 30

Session 2: July 5 - July 8 \*

Session 3: July 11 – July 14

Session 4: July 18 - July 21

Session 5: July 25 - July 28

Session 6: August 1– August 4

Session 7: August 8 - August 11

Session 8: August 15 - August 18

Session 9: August 22 - August 25

\*session 2 begins on Tuesday and runs thru Friday due to the 4th of July holiday

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency #: \_\_\_\_\_ e-mail: \_\_\_\_\_

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 Signature \_\_\_\_\_

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

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

**www.courtsideracquet.com**

