

# Warren Hills High School

July 26-30, 2010

Courtside's Top Dog and staff, will be hosting a tennis camp 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; Monday thru Fridays 9am-12
- Back up plans are in place to cover rainy weather (Saturday or Courtside)
- Day visits may be purchased

Cost: \$240 per week OR Day Visit: \$60 per day

Other Top Dog Girls High School Camps

At North Hunterdon High School

August 2nd-6th

At Hunterdon Central High School

August 9th-13th

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 phone# \_\_\_\_\_  
Emergency # \_\_\_\_\_ E-mail \_\_\_\_\_

*I would like to attend camp at:*

North Hunterdon HS \_\_\_\_\_  
August 2-August 6

Hunterdon Central HS \_\_\_\_\_  
August 9 to August 13

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



Courtside Racquet Club; 1115 Rte 31 S, Lebanon NJ 08833

(ph)908-713-1144 www.courtsideracquet.com (fax) 908-730-8225