

In addition to the Top Dog Summer Camp, we are offering two sessions of junior tennis clinics for beginners, advanced beginners, and intermediate players. For ages 4–15.

Session 1: Classes begin on Tuesday, June 28 to July 28 (5 weeks / 10 sessions)

| | | | |
|--|------------------------|-----------------|--------|
| Munchkins–Age 4-6 Beginners: | Tuesdays and Thursdays | 4:00 pm–5:00 pm | \$255. |
| Munchkins–Age 4-6 Beginners: | Tuesdays and Thursdays | 5:00 pm–6:00 pm | \$255. |
| Beginners and Advanced Beginners: | Tuesdays and Thursdays | 4:00 pm–5:00 pm | \$255. |
| Beginners and Advanced Beginners: | Tuesdays and Thursdays | 5:00 pm–6:00 pm | \$255. |
| Intermediate Players: | Tuesdays and Thursdays | 5:00 pm–6:00 pm | \$255. |

Session 2: Classes begin on Tuesday, August 2 – September 1 (5 weeks / 10 sessions)

| | | | |
|--|------------------------|-----------------|--------|
| Munchkins–Age 4-6 Beginners: | Tuesdays and Thursdays | 4:00 pm–5:00 pm | \$255. |
| Munchkins–Age 4-6 Beginners: | Tuesdays and Thursdays | 5:00 pm–6:00 pm | \$255. |
| Beginners and Advanced Beginners: | Tuesdays and Thursdays | 4:00 pm–5:00 pm | \$255. |
| Beginners and Advanced Beginners: | Tuesdays and Thursdays | 5:00 pm–6:00 pm | \$255. |
| Intermediate Players: | Tuesdays and Thursdays | 5:00 pm–6:00 pm | \$255. |

Because of very limited space, this is a first come first serve basis program. Please return your completed registration and check payable to **Courtside Racquet Club**. And mail to Courtside Racquet Club, 1115 Route 31 South, Lebanon, NJ 08833.

Additional information can be obtained from Courtside at 908.713.1144, or e-mail at info@courtsideracquet.com.

www.courtsideracquet.com

Junior Tennis Clinics Summer 2016 Registration

(Please fill out one form for each participant)

Participant Name: _____ Date of Birth/Age: _____ / _____ Boy Girl

Please check: **Skill Level:** Beginner Advanced Beginner Intermediate

Session 1: Classes begin on Tuesday, June 28 to July 28 (5 weeks / 10 sessions)

| | | | |
|---|------------------------|-----------------|--------|
| <input type="checkbox"/> Munchkins–Age 4-6 Beginners: | Tuesdays and Thursdays | 4:00 pm–5:00 pm | \$255. |
| <input type="checkbox"/> Munchkins–Age 4-6 Beginners: | Tuesdays and Thursdays | 5:00 pm–6:00 pm | \$255. |
| <input type="checkbox"/> Beginners and Advanced Beginners: | Tuesdays and Thursdays | 4:00 pm–5:00 pm | \$255. |
| <input type="checkbox"/> Beginners and Advanced Beginners: | Tuesdays and Thursdays | 5:00 pm–6:00 pm | \$255. |
| <input type="checkbox"/> Intermediate Players: | Tuesdays and Thursdays | 5:00 pm–6:00 pm | \$255. |

Session 2: Classes begin on Tuesday, August 2 – September 1 (5 weeks / 10 sessions)

| | | | |
|---|------------------------|-----------------|--------|
| <input type="checkbox"/> Munchkins–Age 4-6 Beginners: | Tuesdays and Thursdays | 4:00 pm–5:00 pm | \$255. |
| <input type="checkbox"/> Munchkins–Age 4-6 Beginners: | Tuesdays and Thursdays | 5:00 pm–6:00 pm | \$255. |
| <input type="checkbox"/> Beginners and Advanced Beginners: | Tuesdays and Thursdays | 4:00 pm–5:00 pm | \$255. |
| <input type="checkbox"/> Beginners and Advanced Beginners: | Tuesdays and Thursdays | 5:00 pm–6:00 pm | \$255. |
| <input type="checkbox"/> Intermediate Players: | Tuesdays and Thursdays | 5:00 pm–6:00 pm | \$255. |

Parent/Guardian Name: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Home Telephone: (_____) _____ Daytime Telephone: (_____) _____

Emergency Contact: _____ Telephone: (_____) _____

Amount Enclosed: \$ _____ Please indicate: Credit Card:   

OR: VIP Number: _____ Card No: _____ Exp. date _____

OR: Check Enclosed, payable to: **Courtside Racquet Club** 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 Participant's best interest by the appropriate medical personnel. For good and valuable consideration we hereby consent to and authorize the reproduction, for publication use by Courtside for promotional materials, use of any photograph of my/our child. (If you have any questions please give us a call). By enrolling in this program I agree to the above release.

Date: _____ Print Name: _____ Signature: _____