



Jr. Summer Tennis Clinics 2016 OUTDOORS @ White Oak Park



Branchburg Recreation will be sponsoring the summer tennis clinic at White Oak Park in Branchburg 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)

		Branchburg Res.	non-res.
Munchkins—Age 4-6 Beginners:	Tuesdays and Thursdays 4:00 pm–5:00 pm	\$100.	\$150.
Munchkins—Age 4-6 Beginners:	Tuesdays and Thursdays 5:00 pm–6:00 pm	\$100.	\$150.
Beginners and Advanced Beginners:	Tuesdays and Thursdays 4:00 pm–5:00 pm	\$100.	\$150.
Beginners and Advanced Beginners:	Tuesdays and Thursdays 5:00 pm–6:00 pm	\$100.	\$150.
Intermediate Players:	Tuesdays and Thursdays 5:00 pm–6:00 pm	\$100.	\$150.

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	\$100.	\$150.
Munchkins—Age 4-6 Beginners:	Tuesdays and Thursdays 5:00 pm–6:00 pm	\$100.	\$150.
Beginners and Advanced Beginners:	Tuesdays and Thursdays 4:00 pm–5:00 pm	\$100.	\$150.
Beginners and Advanced Beginners:	Tuesdays and Thursdays 5:00 pm–6:00 pm	\$100.	\$150.
Intermediate Players:	Tuesdays and Thursdays 5:00 pm–6:00 pm	\$100.	\$150.

Please save the top portion for your records

and mail the completed registration form below 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.

We are not responsible for children after 6:00 pm. Please be prompt.

TOP DOG / JR. SUMMER CLINIC OUTDOORS @ White Oak Park 2016 Registration

Participant Name: _____ Age: _____ Boy Girl

<p>Munchkin/Beginner—new to the game and have had no instruction. Beginner/Adv. Beginner—very little to some experience and have had minimal instruction. Intermediate—can keep the ball in play from the baseline, serve and keep score. <i>Please check level of play and session times:</i></p>		<p><i>Please check total Sessions:</i></p> <p>Fee per session: <input type="checkbox"/> \$150. or</p> <p>Branchburg residents Fee per session: <input type="checkbox"/> \$100.</p> <p>Number of sessions X _____ Total: \$ _____</p>
<p>Session 1: June 28 to July 28</p> <p><input type="checkbox"/> Munchkin: Tue. & Thur. 4:00–5:00 pm <input type="checkbox"/> Munchkin: Tue. & Thur. 5:00–6:00 pm <input type="checkbox"/> Begin/Adv. Begin: Tue. & Thurs. 4:00–5:00 pm <input type="checkbox"/> Begin/Adv. Begin: Tue. & Thurs. 5:00–6:00 pm <input type="checkbox"/> Intermediate: Tue. & Thur. 5:00–6:00 pm</p>	<p>Session 2: August 2 to September 1</p> <p><input type="checkbox"/> Munchkin: Tue. & Thur. 4:00–5:00 pm <input type="checkbox"/> Munchkin: Tue. & Thur. 5:00–6:00 pm <input type="checkbox"/> Begin/Adv. Begin: Tue. & Thurs. 4:00–5:00 pm <input type="checkbox"/> Begin/Adv. Begin: Tue. & Thurs. 5:00–6:00 pm <input type="checkbox"/> Intermediate: Tue. & Thur. 5:00–6:00 pm</p>	

Parent/Guardian Name: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Home Telephone: (_____) _____ Cell: (_____) _____

Emergency Contact: _____ Telephone: (_____) _____

Amount Enclosed: \$ _____	Please indicate:	Credit Card: <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
OR: <input type="checkbox"/> VIP Number: _____	Card No: _____	Exp. date _____					
OR: <input type="checkbox"/> 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 Participants'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: _____