


# SUMMER 2016

An awesome way to apply different techniques from clinics into a realistic tournament play setting!

 Dedication

 Desire

 Drive

 Discipline



## COURTSIDE RACQUET CLUB

2009 USTA NATIONAL FACILITY OF THE YEAR  
2013, 2014, 2015 USTA Middlestates Premier Facility

**www.courtsideracquet.com**  
**or call 908-713-1144**

# SUMMER CHALLENGER circuit

● **July 10 – August 28, 2016**  
**8 Weeks**

Sundays, Noon to 6:00 pm (1.5 hour blocks)  
1.5 hours of Match Play (Start times based on ability levels)

● **Cost:** \$120. (Day visit options available, please call)

● **Ages 12 through 22 (College players welcome)**

- Singles play, with a focus on game-play and developing match toughness.
- Match Play.
- Air-conditioned Courts.
- Snacks and Lemonade.

*Please save top half of form for scheduling reference*

## SUMMER CHALLENGER circuit 2016

(Please fill out one form for each participant)

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  Boy  Girl

Please check: **Skill Level:**  2.5–3.0 (Intermediate)  3.0–3.5 (Intermediate/Advanced)  4.0 and above (Advanced)

Have you previously participated in  
Tour Tennis at Courtside?  yes  no




*Ready to pledge to join Bobby Challenger Circuit in spring 2016?*  
 *Check here to secure your spot.*

Parent/Guardian Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

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: \_\_\_\_\_