



Puppy Pound Tennis is an educational and fun program inspiring children aged 3, 4 & 5 years-old to get active and to learn to play tennis!

COURTSIDE RACQUET CLUB

2009 USTA NATIONAL FACILITY OF THE YEAR
2013, 2014, 2015, 2016 USTA Middlestates Premier Facility

www.courtsideracquet.com

Please save top half of form for scheduling reference

Fall 2016

Puppy Pound Tennis

● 13 Weeks

● Cost: \$299.

● Age groups:

- ☐ Puppy Dog Team/Ages 3 to 4
- ☐ Big Dog Team/Ages 4 to 5

● Thursdays / September 8 – December 8:

4–5 pm or 5–6 pm (No play on Nov. 24)

● Fridays / September 9 – December 9:

4–5 pm or 5–6 pm or 6–7 pm (No play on Nov. 25)

● Saturdays / September 3 – December 3:

9–10 am or 10–11 am or 11 am–12 pm
(No play on Nov. 26)

● Mondays / September 12 – December 5:

4–5 pm or 5–6 pm

Have questions? Call us at 908-713-1144

Make-ups are handled on a case-by-case basis, and limited to one per session. You are required to give advanced notice to Steve Bork via phone or email. Approval is necessary in order to limit class sizes. No make-up is allowed to be carried over into the next session or credit given.

Puppy Pound Tennis Fall 2016 Registration (Please fill out one form for each participant)

Participant Name: _____ DoB: ____/____/____ Age: _____ ☐ Boy ☐ Girl

Does your child have an allergy or medical issues? ☐ No ☐ Yes (If yes, please include details)

Please check class you would like your child to participate in: ☐ Puppy Dog Team/Ages 3 to 4 ☐ Big Dog Team/Ages 4 to 5

Thursday: ☐ 4–5 pm or ☐ 5–6 pm **Friday:** ☐ 4–5 pm or ☐ 5–6 pm or ☐ 6–7 pm

Saturday: ☐ 9–10 am or ☐ 10–11 am or ☐ 11 am–12 pm **Monday:** ☐ 4–5 pm or ☐ 5–6 pm

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: _____