## **FALL 2017**

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

## Bobby's 4 D's:



Dedication



Desire



Drive



Discipline





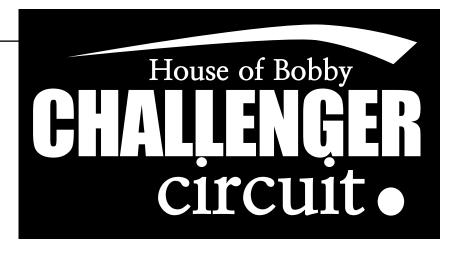
2009 USTA NATIONAL FACILITY OF THE YEAR 2013, '14, '15, '16, '17 USTA Middlestates Premier Facility

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

his/her name in such promotional materials. (If you have any questions please give us a call).

Print Name:

By enrolling in this program I agree to the above Release.



## • September 3 - November 26, 2017

Sundays, Noon to 7:30 pm (1.5 hour blocks)

- 1.5 hours of Match Play (Start times based on ability levels)
- Cost: \$375.
- Ages 8 through 18
- Singles AND doubles play, with a focus on game-play and developing skills.
- Awards for divisional champs.
- Snacks and Lemonade.
- Free T-shirt.

Please save top half of form for scheduling reference

rarticipant Name.	Age:	🗆 Boy 🗆 Girl
Does your child have an allergy or medical issu	ues?   No Yes (If yes, please include details)	
Please check: <b>Skill Level:</b> $\square$ 2.5–3.0	(Intermediate) $\square$ 3.0–3.5 (Intermediate/Advar	nced) $\square$ 4.0 and above (Advanced)
Have you previously participated in To	Four Tennis at Courtside? $\square$ yes $\square$ no	
Parent/Guardian Name:	E-mail:	
Address:	City:	State: Zip:
Home Telephone: ()	Cell: (	
Emergency Contact:	Telephone: ()	
	Please indicate: Credit Card: 🗌 🚾	AVERGOOD STORES
Amount Enclosed: \$		
	Card No:	Exp. date _

and I hereby release, discharge, and/or otherwise indemnify Courtside, 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. I certify that the Participant is healthy, in sound physical condition and otherwise competent to participate in activities at Courtside. 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, and I hereby release and hold harmless Courtside in connection therewith. For good and valuable consideration I hereby consent to and authorize the reproduction, for publication use by Courtside for promotional materials, use of any photograph of Participant and the use of and

Signature: