



# 🐾 PUPPY POUND TENNIS 🐾 FALL 2018

An educational and fun program inspiring children aged 3, 4 & 5 years-old to get active and to learn to play tennis!

**13 Weeks / Cost: \$325.**

**Age groups:**  PUPPY DOG TEAM/Ages 3 to 4  
 BIG DOG TEAM/Ages 4 to 5

**Thursdays / August 30 - November 29, 2018:**  
 4-5pm or 5-6pm or 6-7pm (No play on Nov. 22)

**Fridays / August 31 - November 30, 2018:**  
 4-5pm or 5-6pm or 6-7pm (No play on Nov. 23)

**Saturdays / September 1 - December 1, 2018:**  
 9-10am or 10-11am or 11am-12pm (No play on Nov. 24)

**Mondays / September 10 - December 3, 2018:**  
 4-5pm or 5-6pm

**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.*



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

[www.courtsideracquet.com](http://www.courtsideracquet.com)

Please save top half of form for scheduling reference

## Puppy Pound Tennis **FALL 2018 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 or  6-7 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 (hereinafter "Courtside") 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 his/her name in such promotional materials. (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: \_\_\_\_\_

**How did you hear about us?**  Facebook  Newspaper  Referral  Other: \_\_\_\_\_