

SPRING 2019

Bobby's CHALLENGER circuit

An awesome way to apply different techniques from clinics into a realistic tournament play setting!
— There is no substitute for Match Play! —

COURTSIDE RACQUET CLUB

2009 USTA NATIONAL FACILITY OF THE YEAR
2013, '14, '15, '16, '17, '18 USTA Middlestates Premier Facility

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

- **When:** MARCH 17 – JUNE 23, 2019 (No Session April 21)
Sundays, 12:00 – 6:00 pm / 1.5 hour blocks
1.5 hours of Match Play (Start times based on ability levels)
- **Cost:** \$420.
- **Ages:** 8 THROUGH 18
- **Specs:** Singles AND doubles play, with a focus on game-play and developing skills.
- **More:** Awards for divisional champs.
Snacks and Free T-shirt.

Please save top half of form for scheduling reference

Bobby's CHALLENGER circuit SPRING 2019 (Please fill out one form for each participant)

Participant Name: _____ Age: _____ Boy Girl

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

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

Parent/Guardian Name: _____ E-mail: _____

Address: _____ City: _____ State: _____ 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 (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: _____