

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

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



Verified and Unverified UTR Formats!

Verified UTR Rating: Keeps track of score, rank and player improvement.

All players will be placed in a 1.5 hour window, with a 2 match guarantee: 12-1:30pm, 1:30-3:00pm, 3-4:30pm, 4:30-6pm. Time slots will be assigned by Friday, September 5. These will be permanent spots based on match results.

Matches will be 2 out of 3 FAST4 sets, with no AD and 3rd set Super-breaker.

Trophies awarded to 1st and 2nd place within each division over a 13-week period.

Member: \$30. per/ Non-Member \$40. per

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.

• **When:** DECEMBER 8, 2019 – MARCH 15, 2020

Sundays, 12:00 to 6:00 pm (1.5 hour blocks)

1.5 hours of Match Play

(Start times based on ability levels)

• **Cost:** \$420. (UTR tracking included)

• Ages: 8 THROUGH 18

• Specs: Singles AND doubles play, with a focus on

game-play and developing skills.

• **More:** Awards for divisional champs.

Free T-shirt.

No Play December 29

CHALLENGER circuit Winter 2019/2020 (Please fill out one form for each participant) Age: _____ 🗆 Boy 🗀 Girl Participant Name: 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? \Box yes \Box no E-mail: _____ Parent/Guardian Name:_____ _____ State: ____ Zip: ____ _____ City:____ Address: Home Telephone: (______) _____ Cell: (______) Emergency Contact:_______ Telephone: (______) Amount Enclosed: \$_____ Please indicate: Credit Card: Masercan VISA WISA Card No:______Exp. date_____ OR: VIP Number: 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

Signature: ___

Please save top half of form for scheduling reference