



# 2020 DAWGPOUND ELITE

## COURTSIDE RACQUET CLUB

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

### FACTION OVERVIEW:

#### FACTIONS:

- Faction 1: July 6 – 10
- Faction 2: July 13 – 17
- Faction 3: July 20 – 24
- Faction 4: July 27 – 31
- Faction 5: August 3 – 7
- Faction 6: August 10 – 14

**MONDAY - FRIDAY: Noon - 4:00 pm**

**COST: \$100. per day / \$450 per week**

The Dawgpound is designed for players with the desire and discipline to compete at a higher level, looking to improve every aspect of their game. This retreat will focus on drills, tactical instruction and match play. Sign ups are on a weekly basis. Because of the progressive nature of the drills and practices, continuity in attendance is recommended. ***This program will be invitation only. Players MUST be approved for admittance.***

Courtside hosts the ***Factions Rain or Shine!***



Please keep top portion for your records.

[Click here for online registration form.](#)

### SUMMER 2020 DAWGPOUND REGISTRATION

(Please fill out one form for each participant)

Please check session:

- Faction 1: July 6 – 10
- Faction 2: July 13 – 17
- Faction 3: July 20 – 24
- Faction 4: July 27 – 31
- Faction 5: August 3 – 7
- Session 6: August 10 – 14

Please check (multiple session discounts):  one session  two sessions  three sessions  four sessions

Participant Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

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: \_\_\_\_\_