



Puppy Pound Tennis

SPRING 2021

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

14 Weeks / Cost: \$378. NO PLAY: MAY 31.

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

Mondays / March 15 – June 21, 2021:
 Noon–1:00 pm or 4:00–5:00 pm or 5:00–6:00 pm

Tuesdays / March 16 – June 15, 2021:
 4:00–5:00 pm

Thursdays / March 25 – June 24, 2021:
 4:00–5:00 pm or 5:00–6:00 pm

Fridays / March 26 – June 25, 2021:
 Noon–1:00 pm or 4:00–5:00 pm or 5:00–6:00 pm

Saturdays / March 20 – June 19, 2021:
 9:00–10:00 am or 10:00–11:00 am

Unsure about school schedules? Interested in day-time? Let us know!



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

www.courtsideracquet.com

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.

Please save top half of form for scheduling reference

Puppy Pound Tennis Spring 2021 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

Monday: Noon–1 pm or 4–5 pm or 5–6 pm **Tuesday:** 4–5 pm **Thursday:** 4–5 pm or 5–6 pm




Friday: Noon–1 pm or 4–5 pm or 5–6 pm **Saturday:** 9–10 am or 10–11 am

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: _____

How did you hear about us? Facebook Newspaper Referral Other: _____