

# COURTSIDE RACQUET CLUB

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

[www.courtsideracquet.com](http://www.courtsideracquet.com)  
or call 908-713-1144

SUMMER 2022

# CHALLENGER circuit

● **When:** SATURDAY MORNINGS

**Orange Ball:** 9:00 a.m. – 10:00 a.m.

**Yellow Ball:** 10:00 a.m. – 11:30 a.m.

● **Cost:** \$25 per week

● **Ages:** 8 THROUGH 18

● **Specs:** Singles AND doubles play, with a focus on game-play and developing skills.

Please save top half of form for scheduling reference

## CHALLENGER circuit SUMMER 2022 (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:      

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: \_\_\_\_\_