



2022 DAWGPOUND ELITE



FACTIONS:

- Faction 1: June 27 – July 1
- Faction 2: July 5 – 8 (4 days)
- Faction 3: July 11 – 15
- Faction 4: July 18 – 22
- Faction 5: July 25 – 29
- Faction 6: August 1 – 5
- Faction 7: August 8 – 12
- Faction 8: August 15 – 19

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

Please keep top portion for your records.

FACTION OVERVIEW:

MONDAY - FRIDAY: 9:00 am - Noon / 1:00 - 3:00 pm Match Play

COST: \$490. per week MORNING AND AFTERNOON

\$365. per week MORNINGS only / \$215. per week AFTERNOONS only

Single Day Options: \$125 Full day/ \$75. Morning only/ \$50. Afternoon only

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 camp 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*.

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



SUMMER 2022 DAWGPOUND REGISTRATION

(Please fill out one form for each participant)

Free tee-shirt please indicate size: _____			
Please check session time: <input type="checkbox"/> Morning Only (\$365.) <input type="checkbox"/> Afternoon Only (\$215.) <input type="checkbox"/> All Day (\$490.)			
Please select Faction week:			
<input type="checkbox"/> Faction 1: June 27 – July 1	<input type="checkbox"/> Faction 2: July 5 – 8 (4 days)	<input type="checkbox"/> Faction 3: July 11 – 15	<input type="checkbox"/> Faction 4: July 18 – 22
<input type="checkbox"/> Faction 5: July 25 – 29	<input type="checkbox"/> Faction 6: August 1 – 5	<input type="checkbox"/> Faction 7: August 8 – 12	<input type="checkbox"/> Faction 8: August 15 – 19

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: <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: _____