



**2024**  
TENNIS ACADEMY

**COURTSIDE**  
RACQUET CLUB

**INDOOR SUMMER CAMP**

**DAY CAMPS:**

- Session 1: June 17 – 21
- Session 2: June 24 – 28
- Session 3: July 1 – 5 (4 days)
- Session 4: July 8 – 12
- Session 5: July 15 – 19
- Session 6: July 22 – 26
- Session 7: July 29 – August 2
- Session 8: August 5 – 9
- Session 9: August 12 – 16
- Session 10: August 19 – 23
- Session 11: August 26 – 30

**CAMP OVERVIEW:**

**MONDAY - FRIDAY: 9:00 am - 3:00 pm**

At **Top Dog Tennis Academy** we pride ourselves on top level instruction, promoting and providing a positive and fun environment for our participants. Our staff is committed to providing the best experience for each camper.

Courtside hosts the **Full Day Camp Rain or Shine!**

Each participant receives a **free Top Dog T-shirt.**

**Pizza-Day Fridays!** Games for Prizes and Free Pizza every Friday!

**Extended Care:**

Available at Courtside Racquet Club only.

We offer free extended care. Extended care starts after camp from 3:00-5:00 pm only.

**Pick-ups after 5:00 pm are not permitted.**

[www.CourtsideRacquet.com](http://www.CourtsideRacquet.com)

Please keep top portion for your records.



**SUMMER 2024 TOP DOG INDOOR CAMPS FULL DAY REGISTRATION**

(Please fill out one form for each participant)

Please check session:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Session 1: June 17 – 21   | <input type="checkbox"/> Session 2: June 24 – 28    | <input type="checkbox"/> Session 3: July 1 – 5 (4 days/\$440.) | <input type="checkbox"/> Session 4: July 8 – 12  |
| <input type="checkbox"/> Session 5: July 15 – 19   | <input type="checkbox"/> Session 6: July 22 – 26    | <input type="checkbox"/> Session 7: July 29 – August 2         | <input type="checkbox"/> Session 8: August 5 – 9 |
| <input type="checkbox"/> Session 9: August 12 – 16 | <input type="checkbox"/> Session 10: August 19 – 23 | <input type="checkbox"/> Session 11: August 26 – 30            |  |

Please check (multiple session discounts):  one session (\$550.)  two sessions (\$975.)  three sessions (\$1,400.)  four sessions (\$1,825.)

Please check level of play:  Beginner  Adv. Beginner  Intermediate  Advanced

Specify T-shirt size: **Youth:**  M  L **Adult:**  S  M  L  XL

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: \_\_\_\_\_