

**COURTSIDE**  
RACQUET CLUB

www.courtsideracquet.com  
or call (908) 713-1144

WINTER 2024 – 2025

# CHALLENGER circuit

- **When:** DECEMBER 8 – MARCH 16  
(No Play December 29)  
Sundays, 12:00 to 4:30 pm  
(1.5 hour blocks)  
1.5 hours of Match Play  
(Start times based on ability levels)

Scan  
QR CODE  
to check in  
weekly!



- **Cost:** \$35.\* Per Session (1.5 hour block)  
*\*24 hour cancellation notification is required (Saturday 12:00 pm/noon), or a fee of \$15. will be charged.)*
- **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 WINTER 2024 – 2025 (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: <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: <b>Courtside Racquet Club</b>	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: \_\_\_\_\_