

Print Name: _

Date: ___

In addition to the Top Dog Summer Camp, we are offering two sessions of junior tennis clinics for beginners, advanced beginners, and intermediate players. For ages 4-15.



Munchkins-Age 4-6 Beginners: Munchkins-Age 4-6 Beginners: Beginners and Advanced Beginners: Beginners and Advanced Beginners: Intermediate Players:	9:00 am-10:00 am 9:00 am-10:00 am 10:00 am-11:00 am 10:00 am-11:00 am 11:00 am-noon/12 pm	\$164 \$164	\$1 \$1
Session 2: SATURDAY Morning	s ONLY, Aug 9 - Aug 30 (4 weeks)		N
Munchkins-Age 4-6 Beginners: Munchkins-Age 4-6 Beginners: Beginners and Advanced Beginners: Beginners and Advanced Beginners: Intermediate Players:	9:00 am-10:00 am 9:00 am-10:00 am 10:00 am-11:00 am 10:00 am-11:00 am 11:00 am-noon/12 pm	\$164 \$164	\$1 \$1
	ome first serve basis program. Please return your completed registratioe Racquet Club, 1115 Route 31 South, Lebanon, NJ 08833.	n and check p	ayable to
For additional information please call (908	e) 713-1144, or e-mail at info@courtsideracquet.com.	ourtsidera	cauet.co
junior CLINICS SATL	JRDAY-Summer 2025 Registration (Please fill	out one form for	each particip
Deutinia ant Nama	Data of Birth / Arres		
rarticipant Name: Please check: Skill Level:	Date of Birth/Age:/ [_ Boy □ Giri	
 ☐ Munchkins-Age 4-6 Beginners: ☐ Beginners and Advanced Beginners: ☐ Beginners and Advanced Beginners: ☐ Intermediate Players: 	9:00 am-10:00 am. 10:00 am-11:00 am. 10:00 am-11:00 am. 11:00 am-noon/12 pm.	\$164	\$1 \$1
Session 2: Saturdays, Aug 9 - Aug 30 (Member	Non-men
 ☐ Munchkins-Age 4-6 Beginners: ☐ Munchkins-Age 4-6 Beginners: ☐ Beginners and Advanced Beginners: ☐ Beginners and Advanced Beginners: ☐ Intermediate Players: 	9:00 am-10:00 am. 9:00 am-10:00 am. 10:00 am-11:00 am. 10:00 am-11:00 am. 11:00 am-noon/12 pm.	\$164 \$164	\$1 \$1 \$1
Parent/Guardian Name:	E-mail:		
Address:	City: Zip:		
Home Telephone: ()			
Emergency Contact:	Telephone: ()		
Amount Enclosed: \$	Please indicate: Credit Card: Assertion VISA	CVV	!-digit Card Security (
OR:	Card No:		digit Card Security C
OR: Check Enclosed, payable to: Courtside			
and/or otherwise indemnify Courtside, its owners, officers, employer Courtside. I certify that the Participant is healthy, in sound physical c transported for emergency medical care, if necessary, and for such e hold harmless Courtside in connection therewith. For good and valu	r, hereby agree that the Participant and I will abide by the rules of Courtside Racquet Club, LLC (hereinafter "Cs and instructors against any claim by or on behalf of the Participant or any third party arising out of Participa ondition and otherwise competent to participate in activities at Courtside. In my absence, I hereby authorize a mergency medical treatment as may be determined to be in Participant's best interest by the appropriate me able consideration I hereby consent to and authorize the reproduction, for publication use by Courtside for promaterials. (If you have any questions please give us a call). By enrolling in this program I agree to the above	ant's involvement in a and consent for the Pa dical personnel, and comotional materials,	iny activities at articipant to be I hereby release ar

Signature: __