

## PUPPY POUND TENNIS

WINTER 2025-26

An educational and fun program inspiring children aged 3 to 6 years-old to get active and to learn to play tennis!

- · Programs require sufficient enrollment to run.
- Payment is due at the start of each Session.
- Make-ups are the responsibility of the player.
- No more than 1 make-up allowed per session without prior approval from Steve Bork.
- You are required to give advanced notice of any make-ups needed via phone or email. Approval is necessary in order to limit class sizes.
- No make-up is allowed to be carried over into the next session.
- No credit or refund will be given for any missed classes.
- Any cancellations due to inclement weather are at the discretion of the club and will be rescheduled.



Please save top half of form for scheduling reference

14 Weeks. Cost: \$238. Puppy // \$476. Big Dog

Ages: O PUPPY DOG TEAM / Ages 3 to 4 (30 min.)
O BIG DOG TEAM / Ages 5 to 6 (1 hour)

Mondays / December 8 - March 16

4:00-4:30 pm or 4:30-5:00 pm // 4:00-5:00 pm or 5:00-6:00 pm

Tuesdays / December 2 – March 10

3:30-4:00 // 4:00-5:00 pm

Wednesdays\* / December 3 - March 18

3:30-4:00 pm // 4:00-5:00 pm

Saturdays\* / December 6 – March 14

8:30–9:00 am 10:00–10:30 am 10:30–11:00 am // 9:00–10:00 am or 10:00–11:00 am

\* NO PLAY December 24 - January 1

Unsure about school schedules? Interested in day-time? Have any other questions? Give us a call at (908) 713-1144

Puppy Pound Tennis WINTER 2025-26 Registration (Please fill out one form for each participant)

1 1 m/			
Participant Name:	DoB:/	Age:	🗌 Boy 🗌 Girl
Does your child have an allergy or medical	issues? $\ \square$ No $\ \square$ Yes (If yes, please include de	tails)	
Please check prefered time:   PUPPY	<b>DOGTEAM</b> (30 min/\$221.) /Ages 3 to 4 □ <b>B</b>	IG DOGTEAM (1 hou	ur/\$442.) /Ages 4 to 6
<b>Monday:</b> □ 4–4:30pm o	or □ 4:30–5pm // □ 4–5pm or □ 5–6pm 1	<b>「uesday:</b> □ 3:30–4pm	ı // □ 4–5pm
<b>Friday:</b> □ 3:30–4pm // □ 4–5pm	<b>Saturday:</b> □ 8:30–9am or □ 10–10:30am	or 🗌 10:30–11am // [	☐ 9–10 am or ☐ 10–11am
Parent/Guardian Name:	E-mail:		
Address:	City:	State:	Zip:
Home Telephone: ()	Cell: ()		
Emergency Contact:	Telephone: (	)	
Amount Enclosed: \$	Please indicate: Credit Card: Mastercard [	VISA AVIERIGAN EXPRESS	CVV: (3- or 4-digit Card Security Code)
OR: VIP Number:	Card No:		
OR: Check Enclosed, payable to: Courts	ide Racquet Club Signature:		
	ninor, hereby agree that the Participant and I will abide by the rules of Courts lovees and instructors against any claim by or on behalf of the Participant or a		

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. In my absence, I hereby authorize and consent for the Participant to any third party arising out of Participant is nealthy, 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:
	How did you hear about us?	Newspaper Referal Other: