



PUPPY POUND TENNIS

SPRING
2026

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.

COURTSIDE ●
RACQUET CLUB

Please save top half of form for scheduling reference

Puppy Pound Tennis SPRING 2026 Registration

(Please fill out one form for each participant)

Participant Name: _____ DoB: _____ / _____ / _____ Age: _____ Boy Girl

Does your child have an allergy or medical issues? No Yes (If yes, please include details)

Please check preferred time: **PUPPY DOG TEAM** (30 min/\$221.) /Ages 3 to 4 **BIG DOG TEAM** (1 hour/\$442.) /Ages 4 to 6

Monday: 4–4:30pm or 4:30–5pm // 4–5pm or 5–6pm **Tuesday:** 3:30–4pm // 4–5pm

Wednesday: 3:30–4pm // 4–5pm **Saturday:** 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: <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 	CVV: (3 or 4-digit Card Security Code)
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: _____

How did you hear about us? Facebook Newspaper Referral Other: _____