COURTSIDE
RACQUET CLUB

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

WINTER 2026/2027

CHALLENGER circuit

Scan QR CODE to check in weekly!

- **When:** DECEMBER 6 – MARCH 14
  Sundays, 12:00 to 3:00 pm
  (1.5 hour blocks)
  1.5 hours of Match Play
  (Start times based on ability levels)
- **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.

NOTE: No play December 27th

Please save top half of form for scheduling reference

CHALLENGER circuit WINTER 2026/2027 *(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: ☐ MasterCard ☐ VISA ☐ American Express CVV:_____ *(3- or 4-digit Card Security Code)*

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: _____