Summer 2025 HIGH SCHOOL & ELITE CAMPS



@ Hunterdon Central HS

MONDAY - FRIDAY

- **3** FULL WEEK OPTIONS:
 - 1 MORNING ONLY CAMP: (lesson based) 9am-Noon \$425. per week
 - 2 AFTERNOON ONLY CAMP: (emphasis on match play) 1pm to 4pm \$275. per week
 - **3** MORNING & AFTERNOON: 9am 4pm \$550. per week

www. Courts ide Racquet. com

Please keep top portion for your records.

COURTSIDE's Bobby Weiss and Luis Fidalgo, will be hosting a tennis camp for High School players that are competing or planning on competing on their varsity or junior varsity tennis teams.

- Camps are Mon. thru Fri., with back-up plans in place for weather (Courtside).
- Single-day options: \$175. full-day / \$125. half-day A.M. / \$100. half-day P.M.
- 7th and 8th graders permitted with approval only.
- Pizza every Friday!

Day Camps will be at:

Hunterdon Central Regional High School

WEEK 8: O August 11 - 15





SUMMER 2025 HIGH SCHOOL & ELITE CAMPS REGISTRATION

(Please fill out one form for each participant)

Please check session to	ime: ☐ Morning Only (\$425.)	☐ Afternoon Only (\$275.)	☐ All Day (\$550.)
Please check week:	☐ WEEK 1: June 23 - 27	☐ WEEK 2: June 30 - July 3 (4 day	/s) □ WEEK 3: July 7 - 11
	☐ WEEK 4: July 14 - 18	☐ WEEK 5: July 21 - 25	☐ WEEK 6: July 28 - August 1
	☐ WEEK 7: August 4 - 8	☐ WEEK 8: August 11 - 15	
Student Name:		E-mail:	
Date of Birth:	High School you will attend:	:	
Address:		City:	Zip:
Home Telephone: ()	Cell: ()	
Emergency Contact:		Telephone: ()	
Amount Enclosed:	\$ Please inc	dicate: Credit Card: Mastercard	CVV: (3- or 4-digit Card Security Code)
OR: VIP Numbe	r:	Card No:	Exp. date:
OR: Check Enclosed	d, payable to: Courtside Racquet C	lub Signature:	
indemnify Courtside Racquet Club, Courtside Racquet Club. I certify the the Participant to be transported fo	LLC, its owners, officers, employees and instructors ag at the Participant is healthy, in sound physical condition r emergency medical care, if necessary, and for such evene hereby consent to and authorize the reproduction, f	painst any claim by or on behalf of the Participant or any th on and otherwise competent to participate in activities at Co mergency medical treatment as may be determined to be	Equet Club, LLC and we hereby release, discharge, and/or otherwise rd party arising out of Participant's involvement in any activities at purtside Racquet Club. In my absence, I hereby authorize and consent foin Participants's best interest by the appropriate medical personnel. For use of any photograph of my/our child. (If you have any questions
Date:	Print Name:	Signature:	