

SUMMER TENNIS CAMPS

sport&health

McLEAN

Children in our programs gain a sense of accomplishment that helps them in whatever they do. They have fun and want to play tennis for the long term. They show improvement, they move up to higher levels whether their goals are simply to play the game well or turn professional.

FULL DAY PROGRAM 9am - 3pm

1 Week \$373 member/\$407 nonmember
Additional Weeks \$346 member/\$383 nonmember

HALF DAY PROGRAM 9am - 12pm

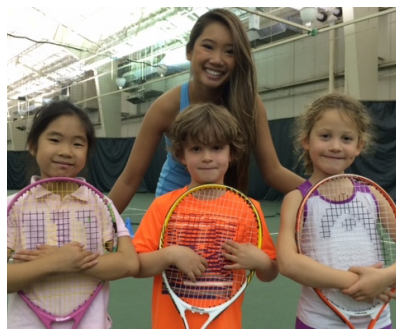
1 Week \$263 member/\$288 nonmember
Additional Weeks \$235 member/\$268 nonmember

WEEK 4 (Jul 5-8) NO CAMP JULY 4

Full Day Program \$299 member/\$325 nonmember
Half Day Program \$210 member/\$232 nonmember

We encourage early registration to ensure placement in the program of your choice. Just fill out the application and return it with your payment at your earliest convenience. Please refer to this application for registration and makeup policy information. If you have additional questions, email us at: McLeanTennisCamp@sportandhealth.com.

VOTED "BEST SUMMER CAMP" THREE YEARS IN A ROW!



JACK SCHORE & INSTRUCTORS



Washington's most successful coach of young people. Recipient of Maryland Tennis Award for Outstanding Lifetime Contribution to Junior Development.

- Mid Atlantic Tennis Hall of Fame
- Personal Coach to 3 Top 50 Pro Players
- Coached UMD Women's Tennis Team to Top Collegiate 20
- Five NCAA Championship Players
- Five Collegiate All-American Players
- Former Junior Davis Cup Coach
- Two Davis Cup Team Players
- Coached Bullis Team to National High School Championship
- USTA Head Juniors Scout for Mid-Atlantic Region

Elliott Datlow

USPTR, Associate Director

Named 2014 USTA/Mid Atlantic Tennis Pro of the Year. USTA High Performance Coach. Coached 2 years at Washington and Lee University and ATP Tour Coach. Ranked #1 in USTA/MAS Mens Open. Captain of the University of Kentucky team while earning a B.A & M.A. in Kinesiology & Health Promotion.



SunGazette
2016
BEST OF
FAIRFAX

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[@JackSchoreTennis](https://www.instagram.com/JackSchoreTennis)



DROP-IN RATE

We encourage all of our campers to sign up for complete weeks of camp. Campers are welcome to complete their camp days in different weeks. The daily rate option for full day would be \$85 (member)/\$95 (non-mem.) or half day prices of \$63 (member)/\$74 (non-mem.).

FREQUENTLY ASKED QUESTIONS

Who will be teaching my child?

Our instructors grew up in our program and have years of experience working together. They all know the teaching program, play at a high level and enjoy working with young people.

How do we teach the Tiny Tots?

This is one of our most popular programs open to children 4 and up. Tots learn basic tennis coordinating skills and have great fun doing it. Please contact us before you sign up 4 and 5 year olds for camp.

How are campers grouped?

The first hour on Monday morning is spent testing the campers. We then place each camper in a group according to ability level. Placement is flexible: campers can move up to higher levels as ability grows.

What is an average day?

Every morning instruction starts with the stroke of the day. Campers practice this highlighted area along with a fun-filled yet informative manner. In the afternoon, our players are coached on both singles and doubles technique and strategy. Our players receive extra instruction and play skill-building activities. Campers will also have an option for swimming or playing on our indoor air-conditioned courts.

Are you ever rained out?

No! The indoor courts will be used so campers never miss a day.

"Jack Schore is probably one of the top two or three coaches in the country."

Dick Gould, Head Coach, Stanford University

2017 CAMP REGISTRATION

Please fill out this form and return with payment to (checks payable to Sport & Health):

McLean Sport & Health
1800 Old Meadow Road
McLean, Virginia 22102

For more information, email Elliott Datlow at McLeanTennisCamp@sportandhealth.com



CAMPER INFORMATION

Camper's Name _____

Age _____ Sex: M/F Hand: Right/Left

Address _____

City _____ State ____ Zip _____

Phone (h) _____ (c) _____

E-mail _____

Parent/Guardian _____

Member? Yes__ Member # _____ No__

Please list any limitations, injuries, medical conditions or health factors which may inhibit or limit player's activity:

Allergies _____

Camper's Physician _____

Physician's Phone _____

Insurance Company _____

Policy # _____

Emergency Contact _____

Relationship _____

Phone _____

SESSIONS

Sign up for each week individually (M-F only)

Circle all applicable below

9am - 12pm 9am - 3pm

Week 1: Jun 12-16

Week 7: Jul 24-28

Week 2: Jun 19-23

Week 8: Jul 31- Aug 4

Week 3: Jun 26-30

Week 9: Aug 7-11

Week 4: Jul 3-Jul 7

Week 10: Aug 14-18

Week 5: Jul 10-14

Week 11: Aug 21-25

Week 6: Jul 17-21

Week 12: Aug 28-Sept 1

EXTENDED CARE

7:30am - 9:00am

\$44 member/\$60 non

3:00pm - 6:00pm

\$99 member/\$110 non

Both

\$132 member/\$154 non

TOTAL FEE \$ _____

PAYMENT (circle one)

Amex M/C Visa Discover Check

Card # _____

Exp. Date _____

Sign/Date _____

I give Sport & Health permission to charge the credit card or club account provided by me. Payment required with registration form.

PAYMENT & REGISTRATION

Club members of Regency Sport & Health have priority registration over non-club members. Space is limited! Payment is required at registration. We do need to maintain certain minimums and maximums for each camp session, so early registration is requested. Campers will be notified in advance of any changes. The discount member fees apply to Regency Sport & Health members only. Nonmembers may participate for an additional fee.

Make up policy: Missed days/sessions may be made-up prior to the end of the summer program on a space available basis. There will be no refunds for missed days/sessions. **Cancellation policy:** There is a \$50 registration fee applicable to any changes or cancellations.

MEDICAL AUTHORIZATION

When I or the emergency contact cannot be reached, I give my consent and permission for the above named doctors to provide medical attention to my child. In the event that the doctors listed above cannot be contacted or in the event of an emergency I give any licenced physician, dentist, hospital or health care provider consent to perform emergency medical treatment at my expense as deemed necessary for the well-being on my child. This may include transportation to the emergency room.

RELEASE

In consideration of making facilities and/or services available, I do hereby for and on behalf of myself and my heirs and legal representatives, release and forever discharge Sport & Health and JST Virginia, LLC, its owners, managers and representatives from any and all claims and demands of every kind, nature and character which I, or my child, may have or hereafter acquire for any and all damaged or losses which may be suffered or sustained by me, or my child, in connection with our activity and all such claims are hereby waived and released. I also understand the make-up policy.

Parent/Guardian Signature _____

Date _____