

2017 WINTER JUNIOR PROGRAMS



Great Value, Great Coaches, Great Programs

Hall of Fame Coach Jack Schore and his award winning staff promise the best tennis instruction and programming for you and your family.

Beginner To Intermediate

TOT TENNIS LEVELS 1 & 2 (Ages 4-7 yrs.)

Fun and Exciting. USTA 8 and under tennis equipment

Special drills and games present tennis fundamentals in an enjoyable manner and develop skills in hand-eye coordination, movement, catching, throwing, hitting and balance.

17 week sessions. Choose your day:

TOT TENNIS LEVEL 1: Ages 4-6

Mondays 4:00-5:00pm
Thursdays 4:00-5:00pm
Fridays 4:00-5:00pm
Saturdays 10:00-11:00am
Sundays 12:00-1:00pm
1:00-2:00pm

TOT TENNIS LEVEL 2: Ages 6-7

Friday 4:00-5:00pm
Saturday 10:00-11:00am
Sunday 12:00-1:00pm
1:00-2:00pm
Cost: \$333/ member;
\$398/ non-member

YOUNG BEGINNER-INTERMEDIATE (Ages 8-10yrs.)

Our Great Basic Program. USTA 10 and under tennis

Tennis fundamentals, competitive and coordination drills to build a strong foundation for continued improvement.

17 week sessions. Choose your day:

Mondays 4:00-5:00pm
Thursdays 4:00-5:00pm
Fridays 5:00-6:00pm
Saturdays 11:00-12:00pm
Sundays 12:00-1:00pm, 1:00-2:00pm, 12:00-2:00pm
Cost: 1 hour class \$414/ member; \$496/ non-member
2 hour class \$826/ member; \$991/ non-member

BEGINNER - INTERMEDIATE (Ages 10-14 yrs.)

An intense and comprehensive two hours of instruction.

USTA 10 and under tennis. Classes are divided into small groups by ability and age. Fundamentals and advanced topics are presented.

17 week sessions. Choose your day:

Thursdays 4:00-5:00pm
Fridays 5:00-6:00pm
Saturdays 11:00-12:00pm
Sundays 12:00-1:00pm, 1:00-2:00pm, 12:00-2:00pm
Cost: 1 hour class \$414/ member; \$496/ non-member
2 hour class \$826/ member; \$991/ non-member

Tournament Players

JR GOLD (Ages 10-14 yrs.)

Tournament Preparation. USTA 8 and 10 and under Tennis

Geared toward young tournament level players. Dedicated to a rigorous training regimen that includes match play, live-ball and feeding drills, and physical fitness.

17 week sessions. Choose your day:

Mondays 4:00pm-5:30pm
Thursdays 4:00-5:00pm
Fridays 6:00-7:30pm
Saturdays 12:00-2:00pm
Sundays 10:00-12:00pm
Cost: 1 hour class: \$414/ member; \$496/ non-member
1.5 hour class: \$634/ member; \$762/ non-member
2 hour class: \$826/ member; \$991/ non-member

GOLD II (Ages 11-17 yrs.)

Geared toward advanced middle and high school players. This unique group is dedicated to helping students become more competitive tournament players and move up the ranks on their high school teams.

17 week sessions. Choose your day:

Saturdays: 2:00-4:00pm
Sundays: 2:00-4:00pm
Cost: 2 hour class: \$826/ member; \$991/ non-member

Dates & Details (17 WEEK CLASSES):

- Start of Session 2: Saturday, January 28
- End of Session 2: Friday, May 26
- No Classes Easter Sunday

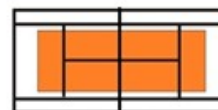
There is a \$50 fee applicable to any changes or cancellations.

A medical information and release form must be completed with registration prior to the first day of the session.

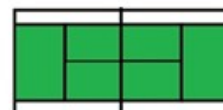
Make Up Policy: Classes may be made up during the session on a space available basis. There will be no refunds for missed classes.



36' Red Court



60' Orange Court



78' Green Court



Jack Schore Tennis McLean Sport & Health

1800 Old Meadow Road ~ McLean, VA 22102

Phone: (703) 556-6550 ~ Fax: (703) 734-1496

Questions? Email Elliott at edatlow@sportandhealth.com

REGISTRATION INFORMATION ON REVERSE SIDE



Jack Schore Junior Programs –WINTER 2017

Player's Name _____ Age _____ Day(s) _____
Address _____ Time _____
City _____ State _____ Zip _____ Level _____
Phone # (h) _____ (c) _____ Payment Form: Amex M/C Visa Discover Check (Payable to Sport&Health)
E-mail address _____ Card # _____
Parent's Name _____ Exp. Date _____
Member: No Yes Member # _____ Signature/Date _____
I give sport&health permission to charge the credit card or club account provided by me

Medical Information

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

Allergies: _____

Player's Physician: _____

Physician's Phone: _____

Insurance Company: _____

Policy # _____

Emergency Contact: _____

Relationship: _____

Phone: _____

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 licensed physician, dentist, hospital or health care provider consent to perform emergency medical treatment at my expense as deemed necessary for the well-being of my child. This may include transportation to the nearest emergency room.

Parent/Guardian Signature

Date

Jack Schore Tennis Release and Indemnity

RELEASE:

Participant understands that engaging in Jack Schore Tennis programs and activities and other physical activities at the Regency Sport & Health Club premises involves certain risks, including, without limitation, death, serious neck and spinal injuries resulting in complete or partial paralysis, heart attacks, and injury to bones, joints, or muscles. Participant confirms that Participant is voluntarily participating in Jack Schore Tennis programs and activities and other physical activities in the Regency Sport & Health Club with knowledge of the dangers involved. In consideration of making facilities and/or services available, Participant hereby for and on behalf of Participant and Participant's heirs and legal representatives, releases Jack Schore Tennis, Sport & Health Holdings, L.C. and its principals, contractors, affiliates, employees, equity holders, directors, managers, members, officers, agents, representatives, guests and invitees from any and all claims and demands of every kind, nature and character which Participant may have or hereafter acquire for any and all damages, injuries or losses which may be suffered or sustained by Participant in connection with any Club program or activity.

Signed: _____ Date: _____, 20____

(You must be 18 years of age or older to sign this form)

Please print your name: _____

CHECK IF APPLICABLE I am signing this Agreement not only for myself, but also on behalf of the following minor children for whom I am parent, legal guardian, custodian or otherwise legally responsible.

Please print name(s) of all minor children in your care visiting Jack Schore Tennis at Regency Sport & Health:
