Skyline Sport & Health Junior Tennis Camps

The Skyline Sport & Health Club invites you to enjoy an unforgettable tennis experience — no matter what your age or skill level. We know you will leave our camp with better tennis skills, renewed energy and enthusiasm for the game. Sport & Health is pleased to provide both members and nonmembers camp packages for children ages 6 – 17 and peewees, ages 4 – 5.

ELEVATE YOUR GAME!
Campers will hit tons of balls, meet new friends, and enhance their tennis skills in a positive and enthusiastic environment! Our staff will build upon strengths, correct weaknesses, increase their knowledge of the game and help them move to the next level. The camp consists of three or six hours of movement drills, conditioning exercises, singles and doubles strategies, coupled with competitive match play and games.

Additional Activities — swimming, basketball, soccer, ping pong, dodgeball, football, karate and more!

WHEN

☐ Week 1 – December 19 to December 23
☐ Week 2 – December 26 to December 30

PROGRAM FEES

1-Week Session:
$204/members/half day (daily drop in – $54)
$274/nonmembers/half day (daily drop in – $74)
$324/members/full day (daily drop in – $84)
$394/nonmembers/full day (daily drop in – $104)

2-Week Session:
$369/members/half day
$484/nonmembers/half day
$584/members/full day
$704/nonmembers/full day

MINIMUM OF TEN CAMPERS

Lunch Schedule — For $6 a day, campers can purchase a healthy Subway 6” sub or Subway Pizza, bag of chips and a beverage. Campers may also bring their own lunch. Friday is Pizza day. Free to all campers.

Extended Care — $12 an hour 8am to 9am/5pm to 6pm; $50 for am or pm for one week;
$90 for both am and pm for a week

Session/Dates — Sign up for a week or multiple weeks.

For information contact Carol de Ocampo at Cdeocampo@sportandhealth.com or call 703-820-4100.
2016 Tennis Holiday Camp Program Fees:

Please see program fees on the front side.

For more information please contact Carol De Ocampo at 703-820-4100 or email cdeocampo@sportandhealth.com

REGISTRATION:
Please complete and sign the registration form. Return the completed form with a check payable to Skyline Sport & Health. We accept VISA, Master Card, American Express, and Discover.

Fees are NON-REFUNDABLE except as follows:

a. For medical disabilities, a prorated or credit less 10% processing charge shall be given from the date the refund is requested when accompanied by a doctor’s statement explaining the nature of the disability or injury.

b. A prorated refund or credit shall be issued to a student who is asking to withdraw from a class due to not meeting entry level requirements. No refund will be issued if a student is asked to withdraw due to behavior/tennis etiquette reasons.

Parent’s Name_______________________________________________________________________________________________________________

Participant’s Name ____________________________________________________________________________  □ Member  □ Non-Member

Home Phone _______________________________ Work Phone ____________________________ Cell Phone ____________________________

E-Mail ____________________________________ Age _______________________________

Address ____________________________________________________________________________________________________________________

City _________________________________________________________________________________ State ____________ ZIP ______________

Does your child have any major medical issues we should know about? Explain ____________________________________________________
____________________________________________________________________________________________________________________________

Payment

□ Week 1 – December 19 to December 23

□ Week 2 – December 26 to December 30

Total Amount __________________________________________________

Type of Payment  □ Cash  □ Check (#_______________)  □ Credit Card  □ Card on file

I authorize Sport & Health Clubs, L.C., to auto-charge the credit card currently on my account.

RELEASE: Participant understands that engaging in Club programs and activities and other physical activities in the Club premises involves risks, 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 Club programs and activities and other physical activities in the 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 US Fitness Holdings LLC, Sport and Health Virginia Properties, 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.

Signature ______________________________________________________________________________Date ______________________________

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