

Bridge To Summer 2016



Jack Schore 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 (Ages 4-6 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.

Choose your day:

Mondays 4:00-5:00pm **3 weeks** \$57 member; \$68 non
Thursdays 4:00-5:00pm **4 weeks** \$76 member; \$92 non
Fridays 4:00-5:00pm **4 weeks** \$76 member; \$92 non
Saturdays 11:00-12:00pm **4 weeks** \$76 member; \$92 non
Sundays 12:00-1:00pm **4 weeks** \$76 member; \$92 non
Sundays 1:00-2:00pm **4 weeks** \$76 member; \$92 non

YOUNG BEGINNER-INTERMEDIATE (Ages 7-10yrs.)

Our Great Basic Program. USTA 10 and under tennis

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

Choose your day:

Mondays 4:00-5:00pm **3 weeks** \$71 member; \$84 non
Thursdays 4:00-5:00pm **4 weeks** \$95 member; \$115 non
Fridays 5:00-6:00pm **4 weeks** \$95 member; \$115 non
Saturdays 11-12:00pm **4 weeks** \$95 member; \$115 non
Sundays 12-1:00 or 1-2pm, **4 weeks** \$95 member; \$115 non
Sundays 12:00-2:00pm **4 weeks** \$190 member; \$224 non

BEGINNER - INTERMEDIATE (Ages 10-14 yrs.)

A comprehensive 1 or 2 hour class of instruction

Classes are divided into small groups by ability and age. Fundamentals and advanced topics are presented.

Choose your day:

Thursdays 4:00-5:00pm **4 weeks** \$95 member; \$115 non
Fridays 4:00-6:00pm **4 weeks** \$190 member; \$224 non
Saturdays 10:00-11:00am **4 weeks** \$95 member; \$115 non
Saturdays 11:00-12:00am **4 weeks** \$95 member; \$115 non
Sundays 12-1:00pm **4 weeks** \$95 member; \$115 non
Sundays 1-2:00pm **4 weeks** \$95 member; \$115 non



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

Tournament Players

JR GOLD (Ages 8-14 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.

Choose your day:

Mondays 4:00-5:30pm **3 weeks** \$109 member; \$131 non
Thursdays 4:00-5:00pm **4 weeks** \$95 member; \$115 non
Saturdays: 12:00-2:00pm **4 weeks** \$190 member; \$224 non
Sundays 10:00-12:00pm **4 weeks** \$190 member; \$224 non

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.

Choose your day:

Saturdays: 2:00-4:00pm **4 weeks** \$190 member; \$224 non-member
Sundays: 2:00-4:00pm **4 weeks** \$190 member; \$224 non-member

Program Dates:

- Start of Bridge Session: Week of Monday, May 9
- End of Bridge Session: Sunday, June 5
- No Classes Monday, May 29 (3 week session)

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.



sport&health

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REMINDER: NO CLASSES MONDAY, MAY 30

Day(s) _____

Player's Name _____ Age _____

Time _____

Address _____

Level _____

City _____ State _____ Zip _____

Phone # (h) _____ (c) _____

Payment Form: Amex M/C Visa Discover Check (Payable to Sport&Health)

E-mail address _____

Card # _____

Exp. Date _____

Parent's Name _____

Signature/Date _____

I give sport&health permission to charge the credit card or club account provided by me

Member: No Yes Member # _____

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:
