



# INVITATIONAL GOLD PROGRAM

September 3, 2019 - June 14, 2020

## PLAY POINTS. DRILL. TRAIN.

During each clinic, every player will play competitive points while being coached in tactics. Players will also be drilled and receive tennis specific fitness training. Elevate your game to the next level! This is an invitation only class, meaning you must be approved by Aaron Gomez.

### DAYS AND TIMES

Monday: 6pm - 8:30pm  
Thursday: 5pm - 7:30pm  
Saturday: 4pm - 6:30pm  
Sunday: 4pm - 6:30pm

### PRICES

#### MEMBER

1 DAY = \$2,500 (40 sessions)  
2 DAYS = \$4,500 (80 sessions, 10% Discount)  
3 DAYS = \$6,375 (120 sessions, 15% Discount) - BEST DEAL!

#### NON-MEMBER

1 DAY = \$3,000 (40 sessions)  
2 DAYS = \$5,400 (80 sessions, 10% Discount)  
3 DAYS = \$7,650 (120 sessions, 15% Discount) - BEST DEAL!

Please check the box for the number of days and specific days and times per week you are registering:

1) Number of days per week:

1                      2                      3

2) Days and times of the week:

Monday                      Thursday  
6-8:30pm                      5-7:30pm

Saturday                      Sunday  
4-6:30pm                      4-6:30pm



Under the Direction of Aaron Gomez

## PROGRAM DETAILS

### FACILITY:

McLean Sport & Health  
1800 Old Meadow Rd.  
McLean, VA 22102

### DATES:

Start of Session - September 3, 2019  
End of Session - June 14, 2020  
NO CLASSES Nov 28-29 & Dec 24 - Jan 1, 2020

### PAYMENT:

For your convenience, we offer a 4 payment installment plan on 2 and 3 day packages. First payment at registration and 3 others due as follows: December 1, 2019 - February 1, 2020 - April 1, 2020. To be eligible a credit card will need to be held on file. No checks will be allowed for installment payments. A \$500 cancellation fee will be charged for any early withdraw from the program.

### MAKE UP & CREDIT POLICY:

Classes may be made up during the session on a space available basis. A credit may be issued due to a medical condition (letter from Doctor). NO REFUNDS WILL BE ISSUED ONCE THE CLASS HAS BEGUN.

### REGISTRATION:

Please fill out the medical information, release and registration form on the back prior to the first day of the session.



sport&health

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Player's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Member? Yes No If yes, Member # \_\_\_\_\_

Total Charge \$ \_\_\_\_\_ Please check the following box if you are requesting to pay on an installment basis. First payment is due at time of registration and then as follows: Dec 1, 2019 ~ Feb 1, 2020 ~ Apr 1, 2020. A credit card MUST BE KEPT OF FILE.

Payment Form:

Amex M/C Visa Discover Card On File Check (Payable to Sport&Health)

Name on CC: \_\_\_\_\_ CC #: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_ 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 named doctors to provide medical attention to my child. In the event that the doctors listed 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 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

4 STAR TENNIS ACADEMY OF VA LLC

Student Name \_\_\_\_\_

It is understood that the student is in overall good physical health. In the event that there is a physical condition that may limit or restrict participation in certain activities, a physicians note must be presented.

RELEASE

In consideration of the tennis training, I agree to hold 4 Star Tennis Academy of Va LLC harmless for injury or loss that may occur as of result of my participation in this activity provide by 4 Star Tennis Academy of Va LLC.

Signature [to be signed by student or if a child by student's parent]

RELEASE AND INDEMNITY

RELEASE: Participant understands that engaging in programs and physical activities offered at the McLean 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 he/she is voluntarily participating in such programs and activities, including tennis programs, with knowledge of the dangers involved. In consideration of making the facilities and/or such programs and activities available, Participant hereby for and on behalf of Participant and Participant's heirs and legal representatives does hereby release and forever discharge USF S&H Virginia, LLC 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 such program or activity.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_

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

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 McLean Sport&Health: \_\_\_\_\_