



**sport&health**

# INVITATIONAL GOLD PROGRAM

**10-Week Summer Session  
June 17 - August 23, 2019**

## PLAY SETS. DRILL. TRAIN.

During each group, every student will play a competitive set while being coached in tactics and technique. Classes will also consist of drilling, game situation points and 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.

## DATES & DETAILS (10 WEEK CLASSES)

**Dates: June 17, 2019 - August 23, 2019**

**Days: Monday - Friday      Time: 4pm - 7pm**

**CLASSES ARE HELD INSIDE**

**\*\*\*\*\*NO CLASS JULY 4\*\*\*\*\***

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.



**Under the Direction of Aaron Gomez**

**\*\*\*\*\*Please see below for special discounts we offer when signing up for multiple weeks! Please note, week sessions can not be split between multiple students. Receive a 10% sibling discount when enrolling multiple children. The sibling discount will be applied to each child after the first and is applied to the enrollments of equal or lesser value. Children must be within your immediate family.\*\*\*\*\***

### PRICES

#### MEMBER

1 to 3 WEEKS = \$340 per WEEK

4 WEEKS = \$1225 (10% DISCOUNT)

6 WEEKS = \$1735 (15% DISCOUNT)

#### UNLIMITED

ALL SUMMER = \$2465 (27.5% DISCOUNT) - BEST DEAL!

#### NON-MEMBER

1 to 3 WEEKS = \$408 per WEEK

4 WEEKS = \$1470 (10% DISCOUNT)

6 WEEKS = \$2080 (15% DISCOUNT)

#### UNLIMITED

ALL SUMMER = \$2958 (27.5% DISCOUNT) - BEST DEAL!

## FACILITIES

### McLean Sport & Health

1800 Old Meadow Rd. McLean, VA 22102  
(703) 556-6550

**Please check member or non-member, desired number of weeks and specific weeks you are registering:**

1) Member or Non-Member:

Member

Non-Member

2) Desired number of week(s):

1

2

3

4

6

UNLIMITED

3) Specific week(s):

Week 1 6/17-6/21 <input type="checkbox"/>	Week 2 6/24-6/28 <input type="checkbox"/>	Week 3 7/1-7/5 <input type="checkbox"/>	Week 4 7/8-7/12 <input type="checkbox"/>	Week 5 7/15-7/19 <input type="checkbox"/>
Week 6 7/22-7/26 <input type="checkbox"/>	Week 7 7/29-8/2 <input type="checkbox"/>	Week 8 8/5-8/09 <input type="checkbox"/>	Week 9 8/12-8/16 <input type="checkbox"/>	Week 10 8/19-8/23 <input type="checkbox"/>

## McLEAN SPORT & HEALTH

1800 Old Meadow Rd, McLean, VA 22102  
(703) 556-6550

## QUESTIONS?

Email Erik Ningard at  
virginia@4startennis.com



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## 10-Week Summer Session June 17 - August 23, 2019

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

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

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

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

Total Fee \$ \_\_\_\_\_

### Payment Form:

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

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

Exp Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Signature: \_\_\_\_\_

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: \_\_\_\_\_