



sport&health

JUNIOR SUPERNATIONALS

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

TOURNAMENT PLAYERS

JUNIOR SUPERNATIONALS (INVITATION ONLY)

This class consists of highly competitive juniors ages 9-13 who are currently ranked in the top 75 (in BG12s and BG14s) and top 10 (in BG10s) in USTA/MAS rankings. The training is devoted to instructional sessions on court, physical conditioning for strength and speed, extensive drilling to sharpen all strokes and competitive play. Participating in our physical training programs is also required throughout this program. Our goal is to take already competitive juniors and fine-tune their playing skills so that they can one day join the Super Nationals group.

DATES & DETAILS (10 WEEK CLASSES)

Dates: June 17, 2019 - August 23, 2019

Days: Monday - Friday Time: 12pm - 3pm

CLASSES ARE HELD INSIDE AND OUTSIDE

*******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.

*******Please see below for special discounts we offer when signing up for multiple weeks! 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!



Under the Direction of Bear Schofield

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



sport&health

JUNIOR SUPERNATIONALS

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

Player's Name, Address, City, State, Zip, Age, 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, Physician's Phone, Policy#, Relationship

Player's Physician, Insurance Company, Emergency Contact, 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.

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.

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