



sport&health

INVITATIONAL GOLD PROGRAM

June 15 - August 21, 2020

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

Dates: June 15, 2020 - August 21, 2020

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

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

FACILITIES

McLean Sport & Health

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

*******Please note, enrollments can not be split between different 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.*******

Please check member or non-member and the desired number of days you are registering.

PRICES

MEMBER

10 DAYS = \$750

**15 DAYS = \$1,012
(10% DISCOUNT)**

**20 DAYS = \$1275
(15% DISCOUNT)**

**25 DAYS = \$1500
(20% DISCOUNT)**

NON-MEMBER

10 DAYS = \$900

**15 DAYS = \$1,215
(10% DISCOUNT)**

**20 DAYS = \$1530
(15% DISCOUNT)**

**25 DAYS = \$1800
(20% DISCOUNT)**

1) Member or Non-Member:

Member

Non-Member

2) Specific number of days:

10 DAYS

15 DAYS

20 DAYS

25 DAYS

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QUESTIONS?

Email Erik Ningard at
virginia@4startennis.com



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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 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: _____