

PLAY POINTS. DRILL. TRAIN.

During each clinic, players will be coached in tactics while playing points, receive drilling and participate in competitive games while working on strategy. 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 - 8pm Thursday: 6pm - 8pm Saturday: 3pm - 5pm Sunday: 3pm - 5pm

A CREDIT CARD MUST **BE KEPT ON FILE AS** REGISTRATION COSTS **WILL BE SPLIT INTO** MONTHLY PAYMENTS

PRICES

MEMBER

- 1 DAY = \$2,400 (40 sessions)
- 2 DAYS = \$4,560 (80 sessions, 5% Discount)
- 3 DAYS = \$6,480 (120 sessions, 10% Discount)
- 4 DAYS = \$8,160 (160 sessions, 15% Discount) BEST DEAL!

NON-MEMBER

- 1 DAY = \$2,880 (40 sessions)
- 2 DAYS = \$5,472 (80 sessions, 5% Discount)
- 3 DAYS = \$7,776 (120 sessions, 10% Discount)
- 4 DAYS = \$9,792 (160 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:

2 1

3

4

2) Days and times of the week:

Monday

Thursday

6-8pm

6-8pm

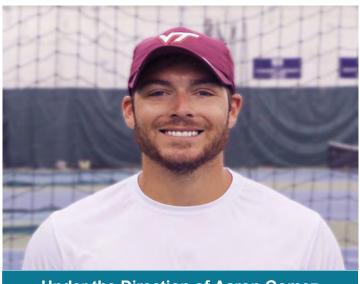
Saturday

Sunday

3-5pm

3-5pm

Currently all classes are full. Please contact to get on the waiting list



Under the Direction of Aaron Gomez

PROGRAM DETAILS

FACILITY:

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

Start of Session - August 29, 2022 End of Session - June 18, 2023 NO CLASSES on the following dates: Sep 5, Nov 24-25, Dec 24 - Jan 1, Apr 9, May 29

MAKE UP & CREDIT POLICY:

Classes may be made up during the session on a space available basis. It is important to attend class only on your registered day(s): You must email Leif to see if there is space available for a makeup. 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.

DISCOUNTS:

Players must be signed up for the listed number of sessions in order to receive the appropriate discount



ayer's Name		Age		
arent's Name Phone				
Member? Yes No If yes, Member#				
Payment Form:				
Amex M/C Visa Discover Card On File	Check	(Payable to US Fitness)	Total Charge \$	
Name on CC:		,		
Exp Date: Zip Code:				
I give Sport&Health permission to charge the credit card or club account provided by me.		Signature/Date.		
***** ADDITIONAL PAYMENT S	CHEDU	ILE AND INFORI	MATION *****	
A CREDIT CARD MU	IST BE	KEPT ON FILE A	NS	
REGISTRATION COSTS WILL B	E SPLI	I INTO MONTHL	YPAYMENIS	
MEDICAL	. INFORM	IATION		
Please list any limitations, injuries, medical conditions or health factors v	which may inl	nibit or limit player's activity:		
Allergies:	Plaver's	's Physician:		
Physician's Phone:		ance Company:		
Policy#:		gency Contact:		
Relationship:		one:		
Nelationship.		ACADEMY		
MEDICAL AUTHORIZATION	1 700 7	COADEMI		
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	Studen	Student Name		
the event that the doctors listed cannot be contacted or in the event of an		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,		
emergency I give any licensed physician, dentist, hospital or health care provider consent to perform emergency medical treatment at my expense as		physician's note must be presented.		
deemed necessary for the well-being of my child. This may include	RELEA	RELEASE		
transportation to the nearest emergency room.		In consideration of the tennis training, I agree to hold I agree to hold Pass Academy harmless for injury or loss that may occur as of result of my participation in this activit		
Parent Signature:		by Pass Academy	s or result or my participation in this activity	
Date:				
	Signatu	re [to be signed by student or if a c	hild by student's parent]	
RELEASE A	AND IND	EMNITY		
RELEASE: Participant understands that engaging in programs and physical activithout limitation, death, serious neck and spinal injuries resulting in complete or firms that he/she is voluntarily participating in such programs and activities, incluthe facilities and/or such programs and activities available, Participant hereby release and forever discharge USF S&H Virginia, LLC and its principals, agents, representatives, guests and invitees from any and all claims and deman any and all damages, injuries or losses which may be suffered or sustained by	r partial paralys uding tennis pro for and on beh contractors, at ads of every kin	is, heart attacks, and injury to bone grams, with knowledge of the dang alf of Participant and Participant's I filiates, employees, equity holders, d, nature and character which Parti	es, joints, or muscles. Participant con- gers involved. In consideration of making neirs and legal representatives does directors, managers, members, officers, cipant may have or hereafter acquire for	
Signed	-	Data		
Signed:				
Please print your name:		(You must be 18 y	rears of age or older to sign this form	
CHECK IF APPLICABLE: Lam signing this Agreement not only for myself, but also on hehal	If of the follow	ing minor children for whom I	am narent legal guardian	
I am signing this Agreement not only for myself, but also on behal custodian or otherwise legally responsible.	ii oi tile iollow	ing minor children for whom is	anı parent, iegai guardian,	