

The Skyline Sport & Health Club invites you to enjoy an unforgettable tennis experience — no matter what your age or skill level. We know you will leave our camp with better tennis skills, renewed energy and enthusiasm for the game. Sport & Health is pleased to provide both members and nonmembers camp packages for children ages 6–17 and peewees, ages 4–5.

## **ELEVATE YOUR GAME!**

Campers will hit tons of balls, meet new friends, and enhance their tennis skills in a positive and enthusiastic environment! Our staff will build upon strengths, correct weaknesses, increase their knowledge of the game and help them move to the next level. The camp consists of three or six hours of movement drills, conditioning exercises, singles and doubles strategies, coupled with competitive match play and games.

Additional Activities — swimming, basketball, soccer, ping pong, dodgeball, football, karate and more!

### **PROGRAM FEES**

#### 1-Week Session:

\$199/members/half day (daily drop in - \$49) \$269/nonmembers/half day (daily drop in - \$69) \$319/members/full day (daily drop in - \$79) \$389/nonmembers/full day (daily drop in - \$99)

### **MINIMUM OF TEN CAMPERS**

#### 2-Week Session:

\$359/members/half day \$479/nonmembers/half day \$579/members/full day \$699/nonmembers/full day 🗌 9am–5pm

- □ 9am 12pm
- □ 2pm 5pm
- Lunch Schedule For \$6 a day, campers can purchase a healthy Subway 6" sub or Subway Pizza, bag of chips and a beverage. Campers may also bring their own lunch. Friday is Pizza day. Free to all campers.
- Extended Care \$12 an hour 8am to 9am/5pm to 6pm; \$50 for am or pm for one week; \$90 for both am and pm for a week
- Session/Dates Sign up for a week or two weeks. □ Week 1 — March 30 – April 3

□ Week 2—April 6–10

For information contact Carol de Ocampo at Cdeocampo@sportandhealth.com or call 703-820-4100.



# 2015 Tennis Spring Break Camp Registration Form

Payment			
Does your child have any major	medical issues we should know about? Explain		
City		State	ZIP
Address			
E-Mail		Αζ	ge
Home Phone	Work Phone	Cell Phone	
Participant's Name		N	1ember 🗆 Non-Member
Parent's Name			

2015 Tennis Spring Break Camp		□ March 30–April 3	□ April 6–10			
Total Amount						
Type of Payment	🗆 Cash	□ Check (#	)	Credit Card	$\Box$ Card on file	

□ I authorize Sport & Health Clubs, L.C., to auto-charge the credit card currently on my account.

RELEASE: Participant understands that engaging in Club programs and activities and other physical activities in the Club premises involves risks, 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 Participant is voluntarily participating in Club programs and activities and other physical activities in the Club with knowledge of the dangers involved. In consideration of making facilities and/or services available. Participant hereby for and on behalf of Participant and Participant's heirs and legal representatives, releases Sport & Health Holdings, L.C. 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 Club program or activity.

Signature	Date

### 2015 Tennis Spring Break Camp Program Fees:

Please see program fees on the front side.

For more information please contact Carol De Ocampo at 703-820-4100 or email cdeocampo@sportandhealth.com

**REGISTRATION:** Please complete and sign the registration form. Return the completed form with a check payable to Skyline Sport & Health. We accept VISA, Master Card, American Express, and Discover.

#### Fees are NON-REFUNDABLE except as follows:

- **a.** For medical disabilities, a prorated or credit less 10% processing charge shall be given from the date the refund is requested when accompanied by a doctor's statement explaining the nature of the disability or injury.
- **b.** A prorated refund or credit shall be issued to a student who is asking to withdraw from a class due to not meeting entry level requirements. No refund will be issued if a student is asked to withdraw due to behavior/ tennis etiquette reasons.





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#### 2-Week Session:

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	9am–5pm
	9am–12pm
$\square$	2 pm - 5 pm

- Lunch Schedule For \$6 a day, campers can purchase a healthy Subway 6" sub or Subway Pizza, bag of chips and a beverage. Campers may also bring their own lunch. Friday is Pizza day. Free to all campers.
   Extended Care \$12 an hour 8am to 9am/5pm to 6pm; \$50 for am or pm for one week;
- \$90 for both am and pm for a week
- **Session/Dates** Sign up for a week or multiple weeks.
- □ Week 1 June 8–12
   □ Week 2 June 15–19
   □ Week 5 July 6–10
   □ Week 8 July 27–31
  - $\square$  Week 3–June 22–26
- Week 5 July 6–10
   Week 6 July 13–17
- □ Week 8 July 27 31
   □ Week 9 August 3 7
- □ Week 10 August 10–14
   □ Week 11 August 17–21
- □ Week 12-August 24-28

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# 2015 Tennis Summer Camp Registration Form

Parent's Name			
Participant's Name			🗆 Member 🗆 Non-Member
Home Phone	Work Phone	Cell	Phone
E-Mail			Age
Address			
City		Sta	te ZIP
Does your child have any majc	r medical issues we should know abo	ut? Explain	
Payment			
<ul> <li>□ Week 1 – June 8–12</li> <li>□ Week 2 – June 15–19</li> <li>□ Week 3 – June 22–26</li> </ul>	<ul> <li>□ Week 4 – June 29 – July 3</li> <li>□ Week 5 – July 6 – 10</li> <li>□ Week 6 – July 13 – 17</li> </ul>	<ul> <li>□ Week 7 – July 20–24</li> <li>□ Week 8 – July 27–31</li> <li>□ Week 9 – August 3–7</li> </ul>	<ul> <li>□ Week 10 – August 10 – 14</li> <li>□ Week 11 – August 17 – 21</li> <li>□ Week 12 – August 24 – 28</li> </ul>
Total Amount		_	
Type of Payment 🛛 Cash	□ Check (#)	□ Credit Card □ Card on t	file
🗆 I authorize Sport & Health (	Clubs, L.C., to auto-charge the credit o	card currently on my account.	
serious neck and spinal injuries resultin participating in Club programs and ad	g in complete or partial paralysis, heart attacks, ctivities and other physical activities in the Clul	and injury to bones, joints, or muscles. P b with knowledge of the dangers involve	emises involves risks, without limitation, death, articipant confirms that Participant is voluntarily ed. In consideration of making facilities and/or Sport & Health Holdings, L.C. and its principals,

services available. Participant hereby for and on behalf of Participant and Participant's heirs and legal representatives, releases Sport & Health Holdings, L.C. 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 Club program or activity.

Signature \_

Date

### 2015 Tennis Summer Camp Program Fees:

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