

# Summer

## TENNIS BOOT CAMP

We invite high school tennis players of all levels to our Summer Tennis Boot Camp.

You will leave our camp with better tennis skills, renewed energy and enthusiasm for the game.

Emphasis is on putting players in a more competitive atmosphere based on teaching situations (tactics). Players are introduced to point play in both singles and doubles.

Stroke mechanics will be reinforced through playing the game and/or by match simulated situations.

Players will focus on dominate athleticism, strong footwork and a clear understanding of tennis.



### BOOT CAMP SCHEDULE

**2 to 3pm:** Footwork and Conditioning Drills, Explosive Drills. (Quick and powerful movements)

**3 to 4:45pm:** Tennis Instruction: Active Drilling, Ground Stroke Production and Mechanics, Serving and Returning Techniques, Net Game Drills, Live Ball Drills, Match Play, and Doubles Situations.

**June 22 to August 21, 2026**  
**Time 2 to 5pm Monday to Friday**

Sign up for 5 days \$370 for members and \$420 for nonmembers. Daily rate \$95 for members and \$105 for nonmembers.

**Sign up for 15 days and get 10% off.**



*Our mission at Pass Academy is to teach tennis for a lifetime of enjoyment and exercise.  
We are dedicated to assisting our students pursue excellence on and off the court.*

Contact Carol De Campo • (703) 575-2406 • [cdeocampo.passacademy@gmail.com](mailto:cdeocampo.passacademy@gmail.com)  
5115 Leesburg Pike, Falls Church, VA 22041

# Summer Tennis Boot Camp Registration

Please fill out this form and return with payment to the address below. You may also scan and email your form to **cdeocampo.passacademy@gmail.com** or drop your registration off at the club.

**Skyline Onelife Fitness**  
5115 Leesburg Pike  
Falls Church, VA 22041  
(703) 575-2406

## CAMPER INFORMATION

Camper's Name \_\_\_\_\_

Age \_\_\_\_\_ Sex: M ☐ F ☐

Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_

E-mail \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Member? Yes ☐ Member # \_\_\_\_\_ No ☐

Please list any limitations, injuries, medical conditions or health factors which may inhibit or limit player's activity:

\_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_

Camper's Physician \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

## SELECT DAYS:

Mondays ☐  
Tuesdays ☐  
Wednesdays ☐  
Thursdays ☐  
Fridays ☐ Total # of days: \_\_\_\_\_

## JUNE 22 – AUGUST 21, 2026

### WEEKLY SESSIONS

Sign up for each week individually (M – F, 2pm – 5pm)

Check all applicable below

Week 1: Jun 22 – 26	<input type="checkbox"/>	Week 6: Jul 27 – 31	<input type="checkbox"/>
Week 2: Jun 29 – Jul 3	<input type="checkbox"/>	Week 7: Aug 3 – 7	<input type="checkbox"/>
Week 3: Jul 6 – 10	<input type="checkbox"/>	Week 8: Aug 10 – 14	<input type="checkbox"/>
Week 4: Jul 13 – 17	<input type="checkbox"/>	Week 9: Aug 17 – 21	<input type="checkbox"/>
Week 5: Jul 20 – 24	<input type="checkbox"/>		

\$370 for 5 days member

\$420 for 5 days non-member

\$95 daily member

\$105 daily non-member

Sign up for more than 15 days get 10% discount

**TOTAL FEE \$** \_\_\_\_\_

**PAYMENT** CHECK ☐ (Make payable to Skyline Onelife Fitness)

Amex ☐ M/C ☐ VISA ☐ DISCOVER ☐

Card on File ☐

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

## PAYMENT & REGISTRATION

Club members of Skyline Onelife Fitness have priority registration over non-club members. Space is limited! Payment is required at registration. We do need to maintain certain minimums and maximums for each camp session, so early registration is requested. Campers will be notified in advance of any changes. The Make up policy: Missed days/sessions may be made up prior to the end of the summer program on a space available basis. There will be no refunds for missed days/sessions. Cancellation policy: There is a \$50 registration fee applicable to any changes or cancellations.

## MEDICAL AUTHORIZATION

When one of the emergency contacts cannot be reached, I give my consent and permission for the above named doctors to provide medical attention to my child. In the event that the doctors listed above cannot be contacted in the event of 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 emergency room.

## RELEASE

In consideration of making facilities and/or services available, I do hereby for and on behalf of myself and my heirs and legal representatives, release and forever discharge Skyline Onelife Fitness and Pass Academy of VA LLC, its owners, managers and representatives from any and all claims and demands of every kind, nature, and character which I, or my child, may have or hereafter acquire for any and all damaged or losses which may be suffered or sustained by me, or my child, in connection with our activity and all such claims are hereby waived and released. I also understand the makeup policy.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_