

# Invitational Gold Program

September 5, 2023 to February 4, 2024

## HIGH SCHOOL PLAYERS

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.

### DAYS AND TIMES

Tuesdays: 6 – 8pm      Thursdays: 6 – 8pm  
Saturdays: 2 – 4pm      Sundays: 2 – 4pm

### PRICES

#### MEMBER

1 DAY = \$1,100 (20 sessions)  
2 DAYS = \$2,090 (40 sessions)  
3 DAYS = \$3,135 (60 sessions)  
4 DAYS = \$4,180 (80 sessions) – **BEST DEAL!**

#### NON-MEMBER

1 DAY = \$1,320 (20 sessions)  
2 DAYS = \$2,508 (40 sessions)  
3 DAYS = \$3,762 (60 sessions)  
4 DAYS = \$5,016 (80 sessions) – **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:

1       2       3       4

#### 2) Days and times of the week:

Tuesdays: 6 – 8pm     Thursdays: 6 – 8pm  
 Saturdays: 2 – 4pm     Sundays: 2 – 4pm



## PROGRAM DETAILS

### FACILITY

ONELIFE FITNESS – SKYLINE  
5115 Leesburg Pike  
Falls Church, VA 22041

### DATES

Start of Session – September 5, 2023  
End of Session – February 4, 2024  
NO CLASSES on the following dates:  
Nov 23 – 24 & Dec 24 – Jan 1, 2024

### 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 Carol 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.

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

**ONELIFE FITNESS – SKYLINE**

5115 LEESBURG PIKE, FALLS CHURCH, VA 22041

QUESTIONS? Email [cdeocampo@onelifefitness.com](mailto:cdeocampo@onelifefitness.com)

# INVITATIONAL GOLD PROGRAM REGISTRATION

September 5, 2023 to February 4, 2024

Player's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Member?  Yes  No If yes, Member# \_\_\_\_\_

## Payment Form:

AMEX  MC  VISA  Discover  Card On File  Check (Payable to U.S. Fitness) Total Charges \$ \_\_\_\_\_

Name on CC \_\_\_\_\_ CC # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Zip Code \_\_\_\_\_ Signature/Date \_\_\_\_\_

I give Sport&Health permission to charge the credit card or club account provided by me.

**\*\*\*\*\* ADDITIONAL PAYMENT SCHEDULE AND INFORMATION \*\*\*\*\***  
**A CREDIT CARD MUST BE KEPT ON FILE AS**  
**REGISTRATION COSTS WILL BE SPLIT INTO MONTHLY PAYMENTS**

## 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. 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 \_\_\_\_\_

### PASS 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 Pass Academy of Va LLC harmless for injury or loss that may occur as of result of my participation in this activity provide by Pass 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 Onelife Fitness – Skyline 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 Onelife Fitness – Skyline \_\_\_\_\_