

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 16 to August 15, 2025
Time 2 to 5pm Monday to Friday

Sign up for 5 days \$350 for members and \$400 for nonmembers. Daily rate \$90 for members and \$100 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
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 16 – AUGUST 15, 2025

WEEKLY SESSIONS

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

Check all applicable below

Week 1: Jun 16 – 20 Week 6: Jul 21 – 25
Week 2: Jun 23 – 27 Week 7: Jul 29 – Aug 1
Week 3: Jun 30 – Jul 3* Week 8: Aug 4 – 8
Week 4: Jul 7 – 11 Week 9: Aug 11 – 15
Week 5: Jul 14 – 18 *Prorated this week to 4 days.

\$350 for 5 days member

\$400 for 5 days non-member

\$90 daily member

\$100 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 _____