Invitational Gold Program

September 9, 2026 to February 26, 2027 • 24-Week Sessions

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

PRICES

MEMBER

1 DAY = $1,638 (24 sessions)

2 DAYS = $3,112 (48 sessions)

3 DAYS = $4,422 (72 sessions) – ***BEST DEAL!***

NON-MEMBER

1 DAY = $1,966 (24 sessions)

2 DAYS = $3,735 (48 sessions)

3 DAYS = $5,307 (72 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

2) Days and times of the week:

☐ Tuesdays: 6 – 8pm ☐ Thursdays: 6 – 8pm

☐ Saturdays: 2 – 4pm

PROGRAM DETAILS

FACILITY

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

DATES

Start of Session – September 9, 2026
End of Session – February 26, 2027
NO CLASSES on the following dates:
Nov 26 – 27 & Dec 21, 2026 – Jan 2, 2027

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 Keith 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 kbennett.passacademy@gmail.com

INVITATIONAL GOLD PROGRAM REGISTRATION

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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 Onelife Fitness 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_____

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_____

Player's Physician_____

Insurance Company_____

Emergency Contact_____

Phone_____

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_____