

# Jack Schore Invitational Gold

Spring - Summer 2017



## Gear Up for Summer Tournaments with Our Top Intensive Program

**Coaches: Jack Schore, Claude Grady, Gene Cutter, Kevin Zhang and Patricio Allendes**

Point Specific Drills – Strategy and Tactics – Match-Play

Power Serving – Fitness Preparation – Speed and Agility for Summer Play

### Spring Session – May 9-June 17

5 Days/Week, Tuesday-Saturday, 4:30-7:00pm

Six Weeks Cost: \$1,200

Special Discount Current JSI Players \$950



### Summer Session – June 19-August 18

5 Days/Week, Monday-Friday, 3:00-6:00pm

Cost: \$2,400 (\$450/week)



### Season Pass for Spring and Summer \$2,600

Special Discount Current JSI Players \$2,200

**Award-Winning Tennis at the TennisPlex**

2016 USTA Mid-Atlantic "Impact Award"  
2016 USTA Mid-Atlantic "Mega Provider"  
2014 USTA "Outstanding Facility" Award  
2014 USTA Mid-Atlantic "Facility of the Year" Award  
USTA Designated Early Development Center (EDC)  
USTA Certified Competitive Training Center (CTC)  
2014 Tennis Industry "Outstanding Indoor Facility"  
2013 Tennis Industry "Outstanding Outdoor Facility"

**REGISTRATION INFORMATION ON REVERSE SIDE**

# Jack Schore Invitational Gold Program Spring- Summer Registration 2017 Form

Player's Name \_\_\_\_\_ Age \_\_\_\_\_ Spring \_\_\_\_\_ Season Pass \_\_\_\_\_ Weeks \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Type of Payment:  Cash  Check (# \_\_\_\_\_)  Credit Card  
Phone # (h) \_\_\_\_\_ (c) \_\_\_\_\_ Make checks payable to Montgomery TennixPlex  
E-mail address \_\_\_\_\_ 18010 Central Park Circle  
Parent's Name \_\_\_\_\_ Boyds, MD 20841  
Player's Birth Date \_\_\_\_\_ Player's Shirt Size \_\_\_\_\_ For Office use:  
Date Processed \_\_\_\_\_ Initials \_\_\_\_\_

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## Medical Information

Player's Physician: \_\_\_\_\_  
Physician's Phone: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Policy # \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

### MEDICAL AUTHORIZATION

When I or the emergency contact 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 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.

## Montgomery TennisPlex Release and Indemnity

As a player, user or guest at Montgomery TennisPlex (MTP) facilities, I assume the risk of injury or death to myself and my invitees including any minor children for whom I am parent, legal guardian, custodian or otherwise responsible due to negligence by MTP, its manager JST Management LLC, Maryland-National Capital Park and Planning Commission (M-NCPPC) or any of their employees, managers, contractors, consultants or instructors. (Each such named party and each of their invitees are referred to as an "MTP Party.")

I agree to waive and release (i.e., give up) all rights that I, my heirs, representative(s) and/or assigns, and any minor children of mine, may make against any MTP Parties arising from any damages, injury, or death which I or any of my invitees might sustain as a result of any activity related in any way to MTP.

I further agree to indemnify and hold harmless MTP and its manager from any claims which may be made by me and/or any of my invitees or which might be made against me and/or any of my invitees by others, arising from any activity related in any way to MTP; and from any claims relating to any injury, death, loss of or damage to any personal property which might occur from any activity by me and/or my invitees related in any way to MTP.

I (on behalf of myself and any minor children invitees for whom I am parent, legal guardian, custodian or otherwise responsible) consent to the rendering of emergency first aid and other medical procedures, which at the time of injury or illness seem reasonably advisable.

WITHOUT LIMITATION OF THE FOREGOING, I UNDERSTAND THAT I AM GIVING UP ANY RIGHT I AND MY MINOR CHILDREN HAVE TO SUE OR MAKE A CLAIM AGAINST M-NCPPC, MTP, OR ANY OTHER MTP PARTY FOR ANY INJURIES ANY ONE OF US MIGHT SUSTAIN WHILE USING FACILITIES, EQUIPMENT AND/OR SERVICES PROVIDED BY MTP, AND THAT I AM INDEMNIFYING AND HOLDING HARMLESS MTP AND ITS MANAGEMENT AGAINST CLAIMS BY ME AND/OR ANY OF MY INVITEES INCLUDING ALL MINOR CHILDREN I INVITE OR WHO ARE UNDER MY CARE.

I attest that I am eighteen (18) years or older, and that my child is physically fit and has no known medical conditions which prohibit participation in this sport. My child and I agree to follow all laws, rules and guidelines regulating the conduct of camp, clinic or league.

Notwithstanding any other provision hereof, I do not give up any claim against a specific MTP Party for reckless and wanton conduct by that specific party. I also agree that MTP and its agents, sponsors, and employees may use my child's image and likeness in future promotions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_

(You must be 18 years of age or older to sign this form)

Please print your name: \_\_\_\_\_

**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 MTP's facility: \_\_\_\_\_

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