

SUMMER TENNIS CLINICS at the Holton-Arms School

This program is designed to support Holton-Arms School and its athletic program. Priority will be given to Holton students. A special welcome is also offered to girls who might be considering Holton enrollment in the future. This is an ideal opportunity to get acquainted with Holton's coaches and facilities.

Our Program

The Holton-Arms Summer Tennis Clinic has been designed to suit all levels: beginner, intermediate, and advanced. Clinic attendees will find challenging peers and learn the game faster. Our program features four days per week of lessons. We use the **fifth day (Friday)** for friendly competition or as a **make-up day**.

Program Director

Holton-Arms Tennis Director Yann Auzoux is a former Davis Cup player who has played with the best in the game (John McEnroe, locals such as Paul Goldstein and Alex Kim, to name a few). Yann Auzoux is also a former All-American player and #1 player for the George Washington University. Locally, Mr. Auzoux has participated in the Legg Mason Tennis Classic. Yann's vision is to bridge sports, culture, education, and entertainment to create the most fulfilling and enhancing experience yet. His passion, creativity, intensity, and professionalism can be felt at every level of the clinic program.

Some Former Pupils:

Bahia Mouhtassine, 150th WTA
Alana Vandenvort: 570th WTA
Igor Levine: 250th ATP
Jacques Gley: 10th ITF Junior
Andreea Fusea: 30th USTA National 18
Margaret Fitchet: Holton-Arms 04, 50th USTA 16
Jessica Vanderdys: 10th MATA Girls 12
David Kaplan: 1st MATA Boys 16
Christopher Seckman: 6th MATA Boys 14
The Holton-Arms Varsity Tennis Team



Holton-Arms School is located on 57 acres of rolling woodlands just off River Road in Bethesda, Maryland. The campus's extensive sports facilities include a double gymnasium, indoor competition-size pool, seven tennis courts, three athletic fields (including a synthetic turf field), weight and training room, three dance studios, and an eight-lane track. The Summer Tennis Clinics will be held on Holton's seven tennis courts.

Summer Tennis Clinics

The Holton-Arms School

7303 River Road

Bethesda, Maryland 20817

www.holton-arms.edu

PH: 301.365.6094.2

Email: yann.auzoux@holton-arms.edu



The Holton-Arms School does not discriminate on the basis of race, religion, national or ethnic origin, disability, or sexual orientation in the administration of its hiring, educational policy, admissions, financial aid practices, or of its athletic and other School-administered programs.

2010

Summer Tennis Clinics

at the Holton-Arms School

for Girls ages 7-17

June 14 to June 25, 2010

Learn • Polish • Compete



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LEARN ● POLISH ● COMPETE

Learn Tennis:

The Holton-Arms Summer Tennis Clinic program has been designed to suit all. Our staff is trained to be patient and encouraging.

Beginner, intermediate, and advanced players will all find challenging peers and learn the game faster.

If your child is ready to learn tennis the right way, this two-week clinic is the best place to start.

Polish Your Style:

Our groups are conveniently divided into skill levels. Players are assessed the first day and assigned to their initial court. Based on individual improvement, campers are moved to find more challenging participants.

Our curriculum contains three parts: Technique, Footwork, and Accuracy.

Compete:

In school, you study the course and take an examination to evaluate your aptitude. In tennis, the same concept applies. You practice and compete to test your skills. We believe that practicing and competing make perfect.

Practicing and Competing Make Perfect!

NOTE:

- Participation is limited to 40 per session.
- Priority will be given to full day registrants.



THE CLINICS

for Girls ages 7-17

Dates:

June 8 to June 20, 2009

Times:

Full day, 9:00 am to 12:00 noon
and 2:00 pm to 5:00 pm*

Mornings, 9:00 am to 12:00 noon

Afternoons, 2:00 pm to 5:00 pm

* Please bring your own lunch. Lunchtime will be supervised.

Weekend Competition:

Saturday competition starts at 10:00 am

Sunday competition starts at 10:00 am

Dress:

Tennis apparel required

Location:

Holton-Arms School Tennis Courts

In case of rain, clinics will be held indoors to work on core strength and plyometrics.

REGISTRATION FORM

Please fill in and return, with your payment, to the Holton-Arms School, ATTN: Tennis.

Be sure to indicate [x] the clinic you would like to attend.

Program	1st Child	2nd Child
Two-week Clinic: Full Day with competition	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$900
Two-week Clinic: Full Day without competition	<input type="checkbox"/> \$950	<input type="checkbox"/> \$850
Two-week Clinic: Mornings	<input type="checkbox"/> \$500	<input type="checkbox"/> \$475
Two-week Clinic: Afternoons	<input type="checkbox"/> \$500	<input type="checkbox"/> \$475
Weekend Competition	<input type="checkbox"/> \$60	<input type="checkbox"/> \$50
One-hour weekly private lesson	<input type="checkbox"/> \$70	<input type="checkbox"/> \$65

Player Information

Name: _____

Address: _____

Mother's Name: _____

Father's Name: _____

Phone: [H] _____ [W] _____ [C] _____

Email: _____

Liability & Medical Waiver. I, the undersigned, certify that I am the parent or legal guardian of the participant named above and grant permission for this minor to participate in all activities of this sports program. In the event my child requires medical care while attending the Clinic due to accident, injury, or illness, I hereby give permission for the staff of the Clinic to act for me and to seek and obtain appropriate medical treatment for the participant. I specifically consent to such treatment and will be responsible for any and all cost of medical attention and treatment. I acknowledge that at the Clinic my child will participate in a sport that may involve, among other things, physical contact with other persons or objects, and that there is the risk of injury. I, the undersigned, for myself and the participant, and our heirs, executors and administrators, specifically waive, release, and forever discharge Holton-Arms School and the Clinic, their staff, officers, directors, trustees, agents, employees, representatives, successors, and assigns from any and all liability, claims, damages, demands, actions, and causes of actions whatsoever that I or my child may have arising out of or related to any loss, personal injury, illness, or property damage that may be sustained or occur during participation in the Clinic activities or while at the Clinic.

Print Name: _____ Date: _____

Signature: _____