

B-CC JUNIOR SQUASH

FALL, WINTER AND
SPRING SESSIONS

COACH:
CONNIE BARNES

Squash - one of the most dynamic and fastest growing sports - is exploding at the junior level. The Ivy League and other top colleges place a strong emphasis on their squash programs and often give consideration to applicants who play squash. Named by Forbes magazine as the top ranked healthiest sport, squash is a great cardio workout that also provides ideal training for other sports. A lifetime sport, squash is a fun activity the whole family can participate in.

A junior squash program, run by one of the area's top squash pros, Connie Barnes will be held at Bethesda Sport&Health. The program will emphasize squash techniques and strategies, fitness and sportsmanship.

- SESSION 1:** Mondays or Thursdays, September 7 - November 12
(9 weeks) - **Cost:** \$189 per term (for each Monday or Thursday session)
- SESSION 2:** Mondays or Thursdays, November 16 - February 15
(10 weeks) - **Cost:** \$210 per term (for each Monday or Thursday session)
- SESSION 3:** Mondays or Thursdays, February 22 - May 21
(10 weeks) - **Cost:** \$210 per term (for each Monday or Thursday session)
\$30 late fee applies if paid after starting date. No refunds after start date.

Times: Choose your day: Mondays from 2:30-3:30pm
or Thursdays from 2:30-3:30pm

Equipment: Racquet, ball, goggles (can be purchased from Connie)

Location: Bethesda Sport&Health:
4400 Montgomery Ave., Bethesda, MD 20814

Contact: Connie Barnes at 301-807-9905 or email cbarnes@sportandhealth.com

Players wanting to represent B-CC in the SIVL Sport&Health Interclub Varsity League should complete an application form located at: http://www.aussienicksquash.com/juniors/leagues/Interschool/09_10/09S&H-SIVL_fly.pdf
Cost for 6 matches is \$190 and includes the tournament and a personalized t-shirt. Other schools participating include: Landon, Maret, Whitman, Wakefield, Madeira, Holton Arms, Langley and St. Albans.



B-CC JUNIOR SQUASH Registration Form

Junior's Name _____

Age _____ Sex _____ Grade _____ School _____ B-CC

Parent/Guardian Name _____

Address _____

Phone # (h) _____ (Father Cell) _____

(Mother Cell) _____

Student Email _____

Parent Email _____

Does your child have any medical problems? _____

If yes, please use the back of this form to describe.

Which session are you registering for? (check all that apply)

- Monday Thursday Both
- Session 1: Sept. 7-Nov. 12 Session 2: Nov. 16-Feb. 15
- Session 3: Feb. 22-May 21 SIVL Matches

Payment Amount _____ Credit Card Type _____

Card # _____ Exp. Date _____

Signature: _____ Date: _____

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 Sport &Health, its owners, manager and representatives from any and all claims and demands of every kind, nature and character which I may have or hereafter acquire for any and all damages or losses which may be suffered or sustained by me in connection with my activity and all such claims are hereby waived and released.

Signature: _____ Date: _____

sport&health

B E T H E S D A

sportandhealth.com

4400 Montgomery Ave. • Bethesda, MD 20814

Return application to:

Bethesda Sport&Health, Attn: Connie Barnes,
4400 Montgomery Ave., Bethesda, MD 20814

Make checks payable to: Bethesda Sport&Health