

JUNIOR SQUASH

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, will be held at Bethesda Sport&Health. The program will emphasize squash techniques and strategies, fitness, sportsmanship and mental preparation.

TERM 1: September 22 - November 3 (Tuesdays 3:30-4:40pm)

TERM 2: November 3 - December 22 (Tuesdays 3:30-4:40pm)

TERM 3: TBA (Tuesdays 3:30-4:40pm)

Cost: \$168 per session (8 weeks) *No refunds after start date.

Equipment: non-marking shoes, racquet, ball (required)
See Connie for purchase.

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

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

In winter, participants may also play matches as part of the SIML Sport&Health Interclub Middle School League with 2 or 3 friendly matches played against other local middle school teams on Tuesday afternoons.

Please note this program is open to Westland students only.



WESTLAND JUNIOR SQUASH Registration Form

Junior's Name _____

Age _____ Sex _____ Grade _____ School _____ Westland

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)

Session 1: Sept. 16-Dec. 9 Session 2: Nov. 3 - Dec. 22

Session 3: TBA

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

BETHESDA

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