



Newman Sports
S.A.Q. Clinic Application
(703) 753-8868 / www.newmansports.com
coachnewman@newmansports.com

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

What sports are you involved in? _____

____ Ages 8 - 11 (5 week session) Tuition \$200

1 hour session

Starting Date _____

____ Ages 12 and up (8 week session) Tuition \$300

1 hour session

Starting Date _____

***Sibling Discount: \$15 off each additional student**

I give permission for my child _____
to participate in the Newman Sports SAQ Clinic.

- * I have notified the staff in writing of any medical conditions and current medications.
- * My child will dress appropriately and bring a water bottle labeled with their name each day.
- * I will pick up my child no later than 10 minutes after the end of class or a late fee will be imposed.
- * I understand that strenuous activity is involved and will not hold Newman Sports, the facility or any staff liable for injuries.
- * I understand that no refunds will be given after classes begin.
- * Make up classes will be on a case by case basis.

Signature of Parent _____

**Please make checks payable to Newman Sports. Mail payment and application to:
Newman Sports, Newman Sports, 13617 Morris Ct. Gainesville, Va. 20155**