2026 Summer Tennis & Fun Camps at The Cardinal Hill Swim and Racquet Club

We're offering 9 fun-filled weeks of summer camp at the Club for 2026. Children ages are 5.5-12 for Half day. 6-12 for Full day invited to join us for a week filled with swimming, tennis, games, fitness and fun activities. The Registration and Medical forms and $100 deposit for each week must be completed and submitted to secure your place.

CAMP SESSIONS

Option A

A Half-day rate of $290/per Member per camper is available for 9am - 12pm. $325/per camper

Option B

• Full-day camp is 9am - 3:30pm. The cost for a week is $420 per member camper and $470 per non-member

SAMPLE DAILY SCHEDULE

9 - 10:30 Tennis drills, Fun games
10:30 Snack break
11 - 12 Tennis, ICY, or other fun games
12:00 Lunch
12:45 - 3:30 Pool activities, Ping Pong, Volleyball, Pickleball, Tennis
3:30 Pick-up

WHAT YOU NEED TO BRING

Campers need to bring a bag lunch, money for snack, water bottle, spray sun screen, tennis racket and proper sneakers, as well as bathing suit and towel, daily. We also suggest a cap/hat for sun protection. Please apply your child's first application of sunscreen before arrival. We will apply again after lunch.

FREQUENTLY ASKED QUESTIONS

Q: What if my child is on the swim, dive and/or tennis team?
A: He or she can join the camp as soon as practice is over. We can also make sure child gets to their swim, dive or tennis practice/lesson between 9-noon.

Q: Who runs the CHSTC youth camps?
A: Camps are managed by Tennis MD, LLC and supervised by its tennis staff.

Q: Who can attend the camps?
A: Members get first priority the child of a member or guest, 6-12 years of age. Members and guests between ages of 6-12. Rare exceptions have been made.
We average 2-3 Full Day cancelations per summer.

Q: Is there a rain contingency?
A: Over the last 9 years during our summer camps, we have had 18 FULL days of rain in 444days of summer. It is possible we may cancel camp, end it early or even start late. We are aware that many working parents need to plan, and we will do our best to work with families. We have a TV at the tennis shack to watch cartoons/movies and could do other fun games. We dont have an secure indoor structure to hold the campers during thunderstorms etc, So we may cancel.

MORE QUESTIONS?

Please contact Michael Dowd with any questions at cardinalhilltennis@gmail.com or 703-938-3006

2026 CAMP REGISTRATION

Please fill out this form as well as medical form and return with payment to:
Michael Dowd
1650 Silver Hill Drive Apt #2001
McLean, Virginia 22102
For more information, email Mike: cardinalhilltennis@gmail.com
Deposit - Please make checks for $100/per week payable to **Tennis MD LLC**
Ex: if you are signing up for 4 weeks, Deposit: $400

The Cardinal Hill Swim and Racquet Club

CAMPER INFORMATION

Camper's Name. _____

Age _____ Sex: M/F Hand: Right/Left

Address _____

City _____ State ____ Zip _____

Phone (h) _____ (c) _____

E-mail _____

Parent/Guardian _____

Member? or Full Year Lease _____ No

Waitlist: yes____ NO____

Emergency Contact _____

Relationship _____

Phone _____

SESSIONS 9 weeks
Sign up for each week individually (M-F only)

Circle weeks you wish to attend.

Week 1: June 22-26
Week 2: June 29-July 3
Week 3: July 6-10
Week 4: July 13-17
Week 5: July 20-24
Week 6: July 27-31
Week 7: Aug 3-7
Week 8: Aug 10-14
Week 9: Aug 17-21

Check
☐ Half Day - Option A
☐ Full Day - Option B

Does your child swim: ☐ Yes-Beginner ☐ Yes-Intermediate ☐ Yes-Advanced ☐ No

Is child on swim team: ☐ Yes ☐ No On dive team: ☐ Yes ☐ No On tennis team: ☐ Yes ☐ No

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

2026 CAMP MEDICAL FORM

The Cardinal Hill Swim and Racquet Club

CHILD'S NAME: _____ DATE: _____

ALLERGIES: _____

WILL YOUR CHILD HAVE AN EMERGENCY MEDICAL DEVICE WITH THEM (I.E.INHALER, EPIPEN): _____

DAILY MEDICATION TAKEN: _____

OTHER/ SPECIAL DIETARY REQUIREMENTS: _____

PRIMARY PHYSICIAN: _____ PHONE: (_____) _____

MEDICAL INSURANCE: _____ SUBSCRIBER'S NAME: _____

POLICY NUMBER: _____ GROUP #: _____

In consideration for Tennis MD, LLC permitting my child(ren) to enroll/participate in camp, I hereby release, hold harmless, and indemnify Tennis MD, LLC, Tysons-Briar Inc, and all the officers, staff, contractors, and volunteers of both organizations, respectively, from any and all liability relating to, or arising out of, the registrant's participation, including but not limited to any accident, injury, illness, loss, damage or other consequence of camp attendance and participation, and I hereby release and waive all claims and rights that I, my children, heirs or assigns, may have to sue or make claim against Tennis MD, LLC, Tysons-Briar Inc, and all its respective officers, staff, contractors, and volunteers, for any damage, loss or injury that my child(ren) may sustain while attending camp and/or using facilities, equipment and/or services provided.

I hereby authorize immediate medical care for my child(ren) and consent to the hospitalization, administration of diagnostic tests, medical procedures, surgery, and/or medication, if any issue or injury requiring medical attention occurs while attending camp.

SIGNED: _____ DATE: _____

PRINTED: _____