



Friends of the Mel Stillman Community Tennis Center



MEMBERSHIP INFORMATION AND APPLICATION

2021 Membership Rates (pro-rated 10/1/2021)

Opening Day (Mid-April) to Closing Day (Mid-November)

NO COURT FEES, ALL COURTS MUST BE RESERVED IN ADVANCE

GUEST FEE OF \$10.00 PER GUEST

	City of Boston Resident	Non-Resident
Single	\$70.00 _____	\$100.00 _____
Family	\$100.00 _____	\$130.00 _____
Junior (18 & Under)	\$30.00 _____	\$60.00 _____
Senior (60 & Over)	\$60.00 _____	\$90.00 _____
Student (19-25)	\$60.00 _____	\$90.00 _____

Name(s): _____ Male: _____ Female: _____

Address: _____

Work #: _____ Cell #: _____ Email: _____

Spouse/Partner's Name: _____ Email: _____ Cell #: _____

Child Name & DOB _____ M/F _____ Child Name & DOB _____ M/F _____

Child Name & DOB _____ M/F _____ Child Name & DOB _____ M/F _____

Amount Due _____ Credit Card # _____ Exp Date _____ Sec Code _____

Check ____ (please make payable to **Friends of MSCTC** and mail to Susan Wynn, 254 Main Street, Charlestown, MA 02129)

The application is factual and completed to the best of my ability. I, on behalf of myself/ourselves, my/our heirs, executors, administrators and assigns, hereby waive and release any and all rights, causes of action, and claims for damages I may hereafter have against the City of Boston, Friends of MSCTC, CHAD, Inc. and any and all other associated individuals, firms corporations or organizations ("the Releases") of and from and any and all actions, causes of action, claims or demands for damages, costs, loss of services, expenses, compensation and consequential damages including any and all personal injuries or property damage resulting from my participation in any activity promoted, organized or facilitated by the Releases, including but not limited to tennis activities taking place at the Mel Stillman Tennis Center ("the Activity). My signature indicates that I have read and understand the above release that I am in good health and am able to participate in the Activity.

ALL MEMBERS MUST COMPLETE AND SUBMIT COVID 19 AGREEMENT WITH MEMBERSHIP

Member Signature _____ Date _____

Parent or Guardian _____ Date _____

(For Jr. Members under 18 whose parent(s) or guardian(s) are not members)

Please email completed form to stillmantennisrsvp@gmail.com or mail to Susan Wynn, 254 Main Street, Charlestown, MA 02129

Mailing Address
254 Main Street ~ Charlestown, MA 02129
stillmantennisrsvp@gmail.com
617.306.4127



Friends of the Mel Stillman Community Tennis Center



2021 COVID 19 AGREEMENT - MEMBERS

Members and Guests **may not** participate if they have any one symptom of COVID-19:

New Loss of taste or smell	Shortness of Breath	Congestion or runny nose	Muscle or body aches	Nausea or vomiting
Fever or Chills	Sore throat	Fatigue	Headache	Diarrhea
Cough	Respiratory Issues	In contact with someone who has had or someone who has been exposed to COVID-19 within last 14 days	Traveled outside of Massachusetts within last 14 days	

- **All players playing doubles must wear a mask. Singles players are not required but it is recommended.**
- **Members with guests MUST inform the Guest(s) of the COVID 19 Agreement you have signed.**
- **Members with guests MUST put guest name and telephone number on reservation, no exceptions.**
- Please bring your own water bottles.
- We will provide hand sanitizer at the courts.
- **The bathrooms will not be open.**

I understand the above requirements are necessary for the operation of outdoor recreation tennis instruction during the COVID-19 pandemic and agree to follow them. I further agree to notify Friends of the MSCTC if anyone in my household tests positive for COVID-19. I further acknowledge and agree that I must inform any guest playing with me of the same agreement.

Signature: _____ Date: _____

Printed Name: _____ Email: _____

Cell Phone: _____

Additional Names on Membership _____