



Friends of the Mel Stillman Community Tennis Center
 CHAD Tennis Summer Program 2018
CHAD Intermediate
 9:00am – 4:00pm

Drills, skills, match play, games, fitness, swimming and other sports in an outdoor fun environment
 Please bring snack, lunch, sunscreen, hat and water every day – **Rain or Shine**

\$400.00 per week or \$100.00 per day
 (Multiple full weeks or siblings deduct 10%)

**** This is a 4 day week due to July 4th – the fee for the week is \$320.00**

Name of Attendee: _____ Age _____ Male: _____ Female: _____

Parent/Guardian Name: _____ Email _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Week	Full Week	Monday	Tuesday	Wednesday	Thursday	Friday
June 11 th – 15 th						
June 18 th – 22 nd						
June 25 th – 29 th						
July 2 nd – 6 th **				No Program		
July 9 th – 13 th						
July 16 th – 20 th						
July 23 rd – 27 th						
July 30 th – August 3 rd						
August 6 th – 10 th						
August 13 th – 17 th						
August 20 th – 24 th						
August 27 th – 31 st						

Balance Due _____ () Check to CHAD, Inc. () Credit Card _____ Exp. Date _____ Sec Code _____

**Please mail registration with payment to Susan Wynn, General Manager – 254 Main Street, Charlestown, MA 02129
 or email to stillmantennisrsvp@gmail.com. Questions - call Susan Wynn 617.306.4127**

Participant hereby agrees to indemnify and hold harmless CHAD Inc., its staff, directors, volunteers, members and representatives from any and all harm arising from participating in any and all program activities, including, but not limited to tennis, field trips, travel to and from Mel Stillman Tennis Center, travel to and from field trip locations. _____ (initial).

I, _____, (parent/guardian) give my permission for CHAD Inc. to attain emergency medical treatment for my child in the event I cannot be reached.

CHAD Inc. has my permission to use photos of my child in promotional and educational literature. _____ (initial if you give permission).

CHAD Inc. will refund 100% of all fees (minus \$25 per week per child registration fee) if canceled by June 1, 2018. After June 1, 2018, refunds will only be given for medical reasons verified by a doctor's note. There are absolutely no refunds or credits for missed days or weeks.

CHAD Inc. reserves the right to dismiss any participant whose conduct is detrimental to the overall good of the program. In cases of gross misconduct, illness or accident, no refund will be made. No deduction is allowed for late arrival or early departure. CHAD Inc. maintains the highest safety standards; however, it does not assume liability for accidents, illness, or disease. _____ (initial)

Signature of Parent or Guardian: _____ Date: _____