



Mel Stillman Tennis Center
2019 CHAD JR. Tennis Program
April 22nd – June 16th, 2019 (8 Weeks)

Little Wonders - Basic tennis skills using 10 & under tennis learning in a fun environment.	Mon & Wed 4pm – 5pm Sat & Sun 1:30 – 2:30pm	<u>1 day per week</u> \$80 for Members \$130 for Non-Members <u>2 days per week</u> \$210 for Members \$260 for Non-Members
Challenger – Emphasis on improving and increasing strokes, mid-level tournament play, on-court drills and skills in a fun learning environment	Mon & Wed 5pm – 6:30pm Tue & Thurs 4pm – 5:30pm Sat & Sun 2:30 – 4pm	<u>1 day per week</u> \$140 for Members \$190 for Non-Members <u>2 days per week</u> \$280 for Members \$330 for Non-Members
Advanced – A comprehensive advanced Jr. development program aimed at players currently competing in USTA tournaments or high school teams. Develop fitness, mental skills and strategies to help them succeed.	Tues & Thurs 5:30 – 7pm Sat & Sun 4pm – 5:30pm	<u>2 days per week</u> \$320 for Members \$370 for Non-Members <u>3 days per week</u> \$420 for Members \$470 for Non-Members <u>4 days per week</u> \$520 for Members \$570 for Non-Members

Scholarships are available for families that need assistance for the CHAD Jr. Tennis Program

Questions – call Susan Wynn at 617.306.4127

FRIENDS
of the Mel Stillman Community Tennis Center
www.stillmantennisrsvp.com



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2019 CHAD JR. Tennis Program
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Name of Child: _____ Male: _____ Female: _____
 Birthdate: ____/____/____ Age: _____ Grade/School (as of Fall of 2019): _____
 Address: _____ Town: _____ Zipcode: _____
 Parent/Guardian Name: _____ Relationship: _____
 Work Phone: _____ Cell Phone: _____ Family Email: _____
 Health Care Provider: _____ Policy #: _____
 Emergency Contact: _____ Emergency Phone: _____

Little Wonders (\$210 for Members, \$260 for Non-Members for 2 days/week; \$80 for Members, \$130 for Non-Members for 1 day/week)

Mon. 4:00pm-5:00pm ____ Wed. 4:00pm-5:00pm ____ Sat. 1:30pm-2:30pm ____ Sun. 1:30pm-2:30pm ____

Challenger (\$280 for Members, \$330 for Non-Members for 2 days/week; \$140 for Members, \$190.00 for Non-Members 1 day/week)

Mon. 5:00pm-6:30pm ____ Tues. 4:00pm-5:30pm ____ Wed. 5:00-6:30pm ____ 4:00pm-5:30 pm ____
 Sat. 2:30pm-4:00pm ____ Sun. 2:30pm-4:00pm ____

Advanced (2 days - \$320, 3 days - \$420, 4 days - \$520, Please select 2,3 or 4 days, Non- Members add on \$50)

Tues, 5:30 – 7:00pm ____ Thurs, 5:30pm-7:00pm ____ Sat, 4:00pm-5:30pm ____ Sun, 4:00pm-5:30pm ____

Amount Due _____ Credit Card # _____

Exp. Date _____ Zip code _____ Sec Code _____

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

Participant hereby agrees to indemnify and hold harmless Friends of MSCTC, Inc., CHAD, Inc. or BCYF, staff, directors, volunteers, members, representatives and anyone associated with Friends of MSCTC, Inc. and CHAD, Inc. from any and all harm arising from participating in any and all program activities, including, but not limited to tennis. _____ (initial)

I, _____, (parent/guardian) give my permission for Friends of MSCTC, Inc. and CHAD Inc. to attain emergency medical treatment for my child in the event I cannot be reached. Friends of MSCTC, Inc. and CHAD Inc. have my permission to use photos of my child in promotional and educational literature. _____ (initial if you give permission) Refunds will only be given for medical reasons verified by ad doctor's note. There are absolutely no refunds or credits for missed days or weeks unless due to weather conditions. Friends of MSCTC, Inc. and CHAD Inc. reserve 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. Friends of MSCTC, Inc. and CHAD Inc. maintain the highest safety standards; however, it does not assume liability for accidents, illness, or disease. _____ (initial)

Signature of Parent or Guardian: _____ Date: _____

Please email completed form to stillmantennisrsvp@gmail.com or mail to Susan Wynn, 254 Main Street, Charlestown, MA 02129
 Questions – call Susan Wynn at 617.306.4127