



Friends of the Mel Stillman Community Tennis Center
CHAD Tennis Summer Program 2021

CHAD Little Wonders – 3 Courts, 4 Children maximum per court, per session

9:00 – 10:30 am and 10:45 – 12:15 pm

Introductory tennis skills and games in a fun outdoor environment

Please bring snack, sunscreen, hat and water every day

If it rains, there is no program

\$120.00 per week per session or \$30.00 per day, per session – NO DROP INS

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

Parent/Guardian Name: _____ Email _____

Address: _____

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

Emergency Contact: _____ Emergency Phone: _____

Week	Mon 9:00	Mon 10:45	Tues 9:00	Tues 10:45	Wed 9:00	Wed 10:45	Thurs 9:00	Thurs 10:45	Fri 9:00	Fri 10:45
July 5 th – July 9 th										
July 12 th – July 16 th										
July 19 th – July 23 rd										
July 26 th – July 30 th										
August 2 nd – August 6 th										
August 9 th – August 13 th										
August 16 th – August 20 th										
August 23 rd – August 27 th										
August 30 th – September 3 rd										

Balance Due _____ () Check to Friends of MSCTC () Credit Card _____

Exp. Date _____ Sec Code _____ Zipcode _____

Please mail registration with payment to Susan Wynn – 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 Friends of MSCTC and 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. _____ (initial). I, _____, (parent/guardian) give my permission for Friends of MSCTC and CHAD Inc. to attain emergency medical treatment for my child in the event I cannot be reached. Friends of MSCTC and CHAD Inc. have my permission to use photos of my child in promotional and educational literature. _____ (initial if you give permission). Friends of MSCTC and CHAD Inc. will refund 100% of all fees (minus \$25 per week per child registration fee) if canceled by June 1, 2021. After June 1, 2021, 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. Friends of MSCTC and 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. Friends of MSCTC and 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: _____



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COVID 19 AGREEMENT – LITTLE WONDERS

Children **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 COVID-19 within last 14 days	Traveled outside of Massachusetts within last 14 days	

- Before the Clinic begins, each day, the adult accompanying the child will be asked to self -certify that the child and members of their household are free from all COVID-19 symptoms. If any of these symptoms are detected in a child, the child will be asked to leave the clinic and quarantine for 14 days before returning.
- **All children must wear a face mask.** The children are asked to stay 6’ away from the other children as much as possible.
- Children must bring **their own water bottles and their own tennis racquets.** Please do not have the children bring anything else but their racquets and water bottles and please label everything with their names.
- We will provide hand sanitizer and towelettes at the courts, but please make sure your child washes their hands when returning home.
- **The bathrooms will not be open.** Please make sure your child uses the bathroom before coming to the clinic.
- **Children in the Little Wonders program cannot be “dropped off” at the clinic.** Each child must have a parent/relative/older sibling/nanny/babysitter at the courts the entire time of the clinic. Please try to limit this to one person. **This person must remain outside of the fence.**

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 my child or anyone in my household tests positive for COVID-19 while my child is participating in the tennis clinics.

Signature of Parent or Guardian: _____ Date: _____