



Friends of the Mel Stillman Community Tennis Center
CHAD Tennis - Summer Program 2022

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!

\$150.00 per week per session or \$35.00 per day, per session – **NO DROP INS!!!**

Week of July 4th is \$120.00, no clinic on July 4th - **If it rains, there is no program**

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 4 th – July 8 th	Holiday	Holiday								
July 11 th – July 15 th										
July 18 th – July 22 nd										
July 25 th – July 29 th										
August 1 st – August 5 th										
August 8 th – August 12 th										
August 15 th – August 19 th										
August 22 nd – August 25 th										
August 29 th – September 2 nd										

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 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 to attain emergency medical treatment for my child in the event I cannot be reached. Friends of MSCTC have my permission to use photos of my child in promotional and educational literature. _____ (initial if you give permission). Friends of MSCTC will refund 100% of all fees (minus \$25 per week per child registration fee) if canceled by June 1, 2022. After June 1, 2022, 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 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 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		

- If any of these symptoms are detected in a child, the child will be asked to leave the clinic and quarantine until the symptoms are gone.
- 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 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 may not 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.

Name of Child(ren) _____

Signature of Parent or Guardian: _____ Date: _____