



**Mel Stillman Tennis Center**  
**CHAD Tennis Program**  
**April Vacation Program**  
**4/16/19– 4/19/19**

**Challenger and Advanced Players**

9:00 am – 2:00 pm

Players will participate in drills, games and match play.

**Bring Your Own Lunch**

**Little Wonders**

9:00 – 11:00am

Players will participate in drills and games.

**Challenger & Advanced Players**

**\$280.00/4 days or \$80.00 per day**

**Little Wonders**

**\$120.00/4 days or \$35.00 per day**

Name of Attendee: \_\_\_\_\_ DOB: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

\_\_\_\_ Little Wonders      \_\_\_\_ Challenger & Advanced

\_\_\_\_ Tuesday (16<sup>th</sup>)    \_\_\_\_ Wednesday (17<sup>th</sup>)    \_\_\_\_ Thursday (18<sup>th</sup>)    \_\_\_\_ Friday (19<sup>th</sup>)

Amount Due \_\_\_\_\_

Payment Type    ( ) Check ( ) Credit Card \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec Code \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Participant hereby agrees to indemnify and hold harmless Friends of the MSCTC, Inc. or it's staff, directors, volunteers, members, representatives and anyone associated with Friends of the MSCTC. 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 the MSCTC. to attain emergency medical treatment for my child in the event I cannot be reached.