



**Mel Stillman Tennis Center**  
**CHAD JR. Tennis Program – Fall 2020**

September 7, 2020 – November 15, 2020 (10 Weeks)

<p><b>Little Wonders -</b>          Basic tennis skills using 10 &amp; under tennis learning in a fun environment.          Ages 4 – 8/9</p>	<p>Mon, Tues, Wed &amp; Thursday          4pm – 5pm</p> <p>Sat          1:30 – 2:30pm</p>	<p><b><u>1 day per week</u></b>          \$150.00</p> <p><b><u>2 days per week</u></b>          \$300.00</p> <p><b><u>3 days per week</u></b>          \$450.00</p>
<p><b>Challenger –</b>          Emphasis on improving and increasing strokes, on-court drills and skills in a fun learning environment          Ages 8 and up</p>	<p>Mon, Tues, Wed &amp; Thursday          5pm – 6:30pm</p> <p>Sat          2:30 – 4pm</p>	<p><b><u>1 day per week</u></b>          \$240.00</p> <p><b><u>2 days per week</u></b>          \$480.00</p> <p><b><u>3 days per week</u></b>          \$720.00</p>

**We have a maximum limit of 8 kids per day on 2 courts**

**If it rains, the clinic will be cancelled and you can do a makeup day, space permitting or receive a refund.**

**Please review the COVID-19 Agreement.**

**Every child must bring their own racquet and water bottle.**

**We do not have access to bathrooms**

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

Questions – call Susan Wynn at 617.306.4127

F R I E N D S  
of the Mel Stillman Community Tennis Center  
[www.stillmantennisrsvp.com](http://www.stillmantennisrsvp.com)



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Name of Child: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
 Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade/School (as of Fall of 2020): \_\_\_\_\_  
 Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Family Email: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**Little Wonders (1 day = \$150.00, 2 days = \$300.00, 3 days = \$450.00)**

	Monday	Tuesday	Wednesday	Thursday		Saturday
4-5 pm					1:30 -2:30	

**Challenger (1 day = \$240.00, 2 days = \$480.00, 3 days = \$720.00)**

	Monday	Tuesday	Wednesday	Thursday		Saturday
5-6:30 pm					2:30 – 4:00pm	

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](mailto:stillmantennisrsvp@gmail.com) or mail to Susan Wynn, 254 Main Street, Charlestown, MA 02129  
 Questions – call Susan Wynn at 617.306.4127