



Mel Stillman Tennis Center
CHAD JR. Tennis Program – Fall 2021

September 6, 2021 – November 14, 2021 (10 Weeks)

<p>Little Wonders - Basic tennis skills using 10 & under tennis learning in a fun environment. Ages 4 – 8/9</p>	<p align="center">Mon, Tues, Wed, Thurs & Fri 4pm – 5pm</p> <p align="center">Sat 1:30 – 2:30pm</p>	<p align="center"><u>1 day per week</u> \$175.00</p> <p align="center"><u>2 days per week</u> \$350.00</p> <p align="center"><u>3 days per week</u> \$525.00</p>
<p>Challenger – Emphasis on improving and increasing strokes, on-court drills and skills in a fun learning environment Ages 8 and up</p>	<p align="center">Mon, Tues, Wed & Thursday 5pm – 6:30pm</p> <p align="center">Sat 2:30 – 4pm</p>	<p align="center"><u>1 day per week</u> \$265.00</p> <p align="center"><u>2 days per week</u> \$530.00</p> <p align="center"><u>3 days per week</u> \$795.00</p>

We have a **maximum limit of 12 kids per day on 2 courts**, which is subject to change if COVID restrictions change.

No one, except the children attending the clinics are allowed on the courts/inside the fence.
All others MUST remain outside the fence during the clinics.

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

Please review, sign, and return the COVID-19 Agreement.

Every child must bring their own racquet and water bottle.

We do not have access to bathrooms



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

Name of Child: _____ Male: _____ Female: _____

Birthdate: ____/____/____ Age: _____ Grade/School (as of Fall of 2021): _____

Address: _____ Town: _____ Zipcode: _____

Parent/Guardian Name: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____ Family Email: _____

Emergency Contact: _____ Emergency Phone: _____

Little Wonders (1 day = \$175.00, 2 days = \$350.00, 3 days = \$525.00)

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

Challenger (1 day = \$265.00, 2 days = \$530.00, 3 days = \$795.00)

	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 The Friends of MSCTC, Inc. or CHAD, Inc. 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