



Mel Stillman Tennis Center
CHAD JR. Tennis Program – Fall 2022

September 5, 2022 – November 12, 2022 (10 Weeks)

<p>Little Wonders - Basic tennis skills using 10 & under tennis learning in a fun environment. Ages 4 – 8/9</p>	<p>Mon, Tues, Wed, & Thurs 4:00pm – 5:00pm</p> <p>Fri 4:30pm – 5:30pm</p> <p>Sat 1:30pm – 2:30pm</p>	<p><u>1 day per week</u> \$200.00</p> <p><u>2 days per week</u> \$400.00</p> <p><u>3 days per week</u> \$600.00</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>Mon, Tues, Wed & Thursday 5:00pm – 6:30 pm</p> <p>Sat 2:30 – 4pm</p>	<p><u>1 day per week</u> \$300.00</p> <p><u>2 days per week</u> \$600.00</p> <p><u>3 days per week</u> \$900.00</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



Friends of the Mel Stillman Community Tennis Center
CHAD Tennis 2022



COVID 19 AGREEMENT

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 5 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.
- **LITTLE WONDERS 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: _____



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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 2022): _____

Address: _____ Town: _____ Zipcode: _____

Parent/Guardian Name: _____ Relationship: _____

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

Emergency Contact: _____ Emergency Phone: _____

Little Wonders (1 day = \$200.00, 2 days = \$400.00, 3 days = \$600.00)

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

Challenger (1 day = \$300.00, 2 days = \$600.00, 3 days = \$900.00)

	Monday	Tuesday	Wednesday	Thursday		Saturday
5 – 6:30pm					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. to attain emergency medical treatment for my child in the event I cannot be reached. Friends of MSCTC, 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. 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 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

F R I E N D S
of the Mel Stillman Community Tennis Center
www.stillmantennisrsvp.com