



**Mel Stillman Tennis Center**  
**CHAD JR. Tennis Program – Spring 2022**

April 25, 2022 – July 3, 2022 (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 align="center">Mon, Tues, Wed,          Thurs &amp; Fri          4pm – 5pm</p> <p align="center">Sat          1:30 – 2:30pm</p>	<p align="center"><b><u>1 day per week</u></b>          \$175.00</p> <p align="center"><b><u>2 days per week</u></b>          \$350.00</p> <p align="center"><b><u>3 days per week</u></b>          \$525.00</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 align="center">Mon, Tues, Wed &amp; Thursday          5pm – 6:30pm</p> <p align="center">Sat          2:30 – 4pm</p>	<p align="center"><b><u>1 day per week</u></b>          \$265.00</p> <p align="center"><b><u>2 days per week</u></b>          \$530.00</p> <p align="center"><b><u>3 days per week</u></b>          \$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



**Mel Stillman Tennis Center**  
**CHAD JR. Tennis Program – Spring 2022**  
 April 25, 2022 – July 3, 2022 (10 Weeks)

*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 = \$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 staff, directors, volunteers, members, representatives, and anyone associated with Friends of MSCTC, 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. 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