



**Mel Stillman Tennis Center CHAD
JR. Tennis Program – Spring 2024**

April 22, 2024 – June 29, 2024 (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 4:00pm – 5:00pm</p> <p>and</p> <p>5:00pm – 6:00pm</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>

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.

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
www.stillmantennisrsvp.com



Mel Stillman Tennis Center CHAD JR. Tennis Program – Spring 2024

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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 2024): _____

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)

Mon. 4-5pm	Tues.4-5pm	Wed. 4-5pm	Thurs. 4-5pm	Fri. 4-5pm	Fri. 5-6pm	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

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