



Friends of the Mel Stillman Community Tennis Center
 CHAD Tennis Summer Program 2019
CHAD Little Wonders

9:00am – 11:30am

Introductory tennis skills and games in a fun outdoor environment

Please bring snack, sunscreen, hat and water every day

If it rains, there is no program

\$200.00 per week or \$50.00 per day

(Multiple weeks or siblings deduct 10%)

**** This is a 4 day week due to July 4th – the fee for the week is \$160.00**

Name of Attendee: _____ Age _____ Male: _____ Female: _____

Parent/Guardian Name: _____ Email _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Week	Full Week	Monday	Tuesday	Wednesday	Thursday	Friday
June 10 th – 14 th						
June 17 th – 21 st						
June 24 th - 28 th						
July 1 st – 5 th **					No Program	
July 8 th – 12 th						
July 15 th – 19 th						
July 22 nd – 26 th						
July 29 th – August 2 nd						
August 5 th – 9 th						
August 12 th – 16 th						
August 19 th – 23 rd						
August 26 th – 30 th						

Balance Due _____ () Check to Friends of MSCTC () Credit Card _____
 Exp. Date _____ Sec Code _____

***Please mail registration with payment to Susan Wynn – 254 Main Street, Charlestown, MA 02129
 or email to stillmantennisrsvp@gmail.com. Questions - call Susan Wynn 617.306.4127***

Participant hereby agrees to indemnify and hold harmless Friends of MSCTC and CHAD Inc., its staff, directors, volunteers, members and representatives 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 and CHAD Inc. to attain emergency medical treatment for my child in the event I cannot be reached. Friends of MSCTC and CHAD Inc. have my permission to use photos of my child in promotional and educational literature. _____ (initial if you give permission). Friends of MSCTC and CHAD Inc. will refund 100% of all fees (minus \$25 per week per child registration fee) if canceled by June 1, 2019. After June 1, 2019, refunds will only be given for medical reasons verified by a doctor's note. There are absolutely no refunds or credits for missed days or weeks. Friends of MSCTC and CHAD Inc. reserves 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 and CHAD Inc. maintains the highest safety standards; however, it does not assume liability for accidents, illness, or disease. _____ (initial)

Signature of Parent or Guardian: _____ Date: _____

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