



Friends of the Mel Stillman Community Tennis Center
CHAD Tennis Summer Program 2020

CHAD Challenger – 2 Courts, 4 Children maximum per court

2:00 – 3:30 pm

If it rains, there is no program

\$120.00 per week per session or \$30.00 per day, per session

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

Parent/Guardian Name: _____ Email _____

Address: _____

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

Emergency Contact: _____ Emergency Phone: _____

Week	Full Week	Mon	Tues	Wed	Thurs	Fri
June 22 nd – 26 th						
June 29 th – July 3 rd						
July 6 th – 10 th						
July 13 th – 14 th						
July 20 th – 24 th						
July 27 th – 31 st						
August 3 rd – 7 th						
August 10 th – 14 th						
August 17 th – 21 st						
August 24 th – 28 th						
August 31 st – September 4 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, 2020. After June 1, 2020, 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