



Mel Stillman Tennis Center 2017 – 2018 CHAD JR. Tennis Program

<p>Little Wonders - Basic tennis skills using 10 & under tennis learning in a fun environment.</p>	<p style="text-align: center;">Mon & Wed, 4pm – 5pm Sat & Sun, 1:30 – 2:30pm</p>	<p style="text-align: center;"><u>1 day per week</u> \$150 for Members \$200 for Non-Members <u>2 days per week</u> \$275 for Members \$325 for Non-Members</p>
<p>Challenger – Emphasis on improving and increasing strokes, mid-level tournament play, on-court drills and skills in a fun learning environment</p>	<p style="text-align: center;">Mon & Wed 5pm – 6:30pm Sat & Sun 2:30 – 4pm</p>	<p style="text-align: center;"><u>2 days per week</u> \$350 for Members \$400 for Non-Members</p>
<p>12 & Under USTA Jr. Team - Emphasis is placed on drilling and the development of strong, consistent stroke productions and mechanics. Competitive matches with USTA Teams</p>	<p style="text-align: center;">Tue & Thurs 4pm – 5:30pm</p>	<p style="text-align: center;"><u>2 days per week</u> \$350 for Members \$400 for Non-Members</p>
<p>Advanced – A comprehensive advanced Jr. development program aimed at players currently competing in USTA tournaments or high school teams. Develop fitness, mental skills and strategies to help them succeed.</p>	<p style="text-align: center;">Tues & Thurs 5:30 –7pm Sat & Sun 4pm – 5:30pm</p>	<p style="text-align: center;"><u>2 days per week</u> \$400 for Members \$450 for Non-Members <u>3 days per week</u> \$525 for Members \$575 for Non-Members <u>4 days per week</u> \$650 for Members \$700 for Non-Members</p>

Scholarships are available for families that need assistance for the CHAD Jr. Tennis Program

Questions – call Susan Wynn at 617.306.4127

Session I (Sept. 4th – Nov. 12th) Session II (Nov. 13th – Jan. 28th)
Session III (Jan. 29th – April 15th) Session IV (April 23rd – July 1st)



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Name of Child: _____ Male: _____ Female: _____

Birthdate: ____/____/____ Age: _____ Grade/School (as of Fall of 2018): _____

Address: _____ Town: _____ Zipcode: _____

Parent/Guardian Name: _____ Relationship: _____

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

Health Care Provider: _____ Policy #: _____

Emergency Contact: _____ Emergency Phone: _____

Session I (Sept. 4th – Nov. 12th) _____ Session II (Nov. 13th – Jan. 28th) _____ Session III (Jan. 29th – April 15th) _____ Session IV (April 23rd – July 1st) _____

Little Wonders (\$275 for Members, \$325 for Non-Members for 2 days/week; \$150 for Members, \$200 for Non-Members for 1 day/week)

Mon. 4:00pm-5:00pm _____ Wed. 4:00pm-5:00pm _____ Sat. 1:30pm-2:30pm _____ Sun. 1:30pm-2:30pm _____

Challenger (\$350 for Members, \$400 for Non-Members, please select 2 days)

Mon. 5:00pm-6:30pm _____ Wed. 5:00-6:30pm _____ Sat. 2:30pm-4:00pm _____ Sun. 2:30pm-4:00pm _____

12 & Under USTA Team Clinic (\$350 for Members, \$400 for Non-Members)

Tues. 4:00pm-5:30pm and Thurs. 4:00pm-5:30 pm _____

Advanced (2 days - \$400, 3 days - \$525, 4 days - \$650, Please select 2,3 or 4 days, Non- Members add on \$50)

Tues, 5:30 – 7:00pm _____ Thurs, 5:30pm-7:00pm _____ Sat, 4:00pm-5:30pm _____ Sun, 4:00pm-5:30pm _____

Amount Due _____ Credit Card # _____

Exp. Date _____ Zip code _____ Sec Code _____

Check _____ (please make payable to **CHAD Inc.** and mail to Susan Wynn, 254 Main Street, Charlestown, MA 02129)

Participant hereby agrees to indemnify and hold harmless CHAD, Inc. or BCYF, staff, directors, volunteers, members, representatives and anyone associated with CHAD, Inc. from any and all harm arising from participating in any and all program activities, including, but not limited to tennis, field trips, travel to and from Mel Stillman Tennis Center and field trip locations. _____ (initial)

I, _____, (parent/guardian) give my permission for CHAD Inc. to attain emergency medical treatment for my child in the event I cannot be reached.

CHAD Inc. has 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. 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. 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: _____

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

