

## Special Aces Junior Development Program

*Classes Begin November 9, 2008*

*Space is limited!*

The Prospect Park Tennis Center at the Parade Ground is pleased to offer group tennis instruction for children with special needs. Our accomplished staff of tennis professionals and qualified physical and occupational therapists will provide your children with the special attention they need to enjoy the experience of tennis. A video about the program may be viewed at [prospectpark.org/tennis](http://prospectpark.org/tennis).

Scholarships may be available: please inquire.

- Players 6-16 years old will be grouped according to age and ability.
- Two tennis pros and one therapist per 8 children.
- 4 children maximum per mini-court.
- 1-hour program, 7 sessions: \$84.
- Classes offered Sundays, 1 – 2 and 2 – 3 p.m.
- Basic fundamentals and instruction will be presented in a fun and innovative way.

Days	Hours	7 sessions
Sunday	1 – 2 p.m.	\$84
Sunday	2 – 3 p.m.	\$84

Scholarships are offered for those applicants most in need of financial assistance. Please inquire for a scholarship application

To register, complete registration form on reverse.

*The Prospect Park Alliance Special Aces program is made possible through generous support from the Louise and Arde Bulova Fund, the USTA, and the Joseph LeRoy and Ann C. Warner Fund.*

The Prospect Park Tennis Center at the Parade Ground is a program of the Prospect Park Alliance. Proceeds go toward the ongoing maintenance of the Tennis Center.



# Special Aces Program Registration Form

Child Name \_\_\_\_\_ M  F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Diagnosis \_\_\_\_\_

Parent /Guardian Name: \_\_\_\_\_

Emergency Contact Name & Number \_\_\_\_\_

Preferred Time: Sunday  1-2 p.m.  2-3 p.m.

1. How does your child move? (wheelchair, walker, crutches, walks without assistance, etc.)

2. Does your child have special communication needs (uses communication board, picture symbols, sign language, etc.)

3. How would you describe your child's behavior and social skills?

4. Has your child had any prior tennis or other sports experience?

5. Does your child have Special Alerts, Prescription Meds, Seizures, Allergies, etc.?

## **Full payment is required by first session.**

Checks payable to: Prospect Park Alliance Tennis (PPA Tennis).

Mail to: Prospect Park Alliance Tennis Center, 95 Prospect Park West, Brooklyn, NY 11215, **OR** by hand to 50 Parkside Avenue. This application may also be faxed to (718) 972-2690.

*10% sibling discount for each additional child enrolled. Scholarship applications are available upon request.*

*There are no guaranteed make-ups. Players must give 24-hour notice of session cancellation. No refunds.*

## **Waiver and Release from Liability.**

*The participant (parent/guardian if under 18 years of age) assumes full responsibility for the risk of injury while participating in all activities at the Prospect Park Tennis Center. The participant and their parent/guardian agree to hold harmless and indemnify NYC Parks and Recreation, Prospect Park Alliance and the Prospect Park Tennis Center from all liability, loss, cost, claim or damage resulting from participating in any activity at the Prospect Park Tennis Center, and grant permission for the promotional use of photos of participants at the Prospect Park Tennis Center. Prospect Park Tennis Center reserves the right to select who will participate in PPTC programs. I AUTHORIZE THE PROSPECT PARK TENNIS CENTER TO CHARGE THE CREDIT CARD LISTED BELOW FOR CHARGES INCURRED AT PROSPECT PARK TENNIS CENTER.*

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **For office use only:**

**Total Cost:** \$ \_\_\_\_\_ **Session:** \_\_\_\_\_ **Day/Time:** \_\_\_\_\_