

# TENNIS CENTER

## Special Aces Junior Development Program

*Classes begin November 7, 2010*  
*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 Special Aces in action may be viewed at [prospectpark.org/tennis](http://prospectpark.org/tennis).

- Players 6 – 18 years old will be grouped according to age and ability
- 4 children maximum per mini-court
- Three cycles: November 2010, and two in winter/spring
- Sports wheelchairs are available (limited) as of fall 2010 – so register now
- 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, Translation Aces, 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.

# TENNIS CENTER

(718) 436-2500 phone  
 (718) 972-2690 fax  
 www.prospectpark.org/tennis

## 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?  Yes, Special Aces for \_\_\_\_\_ year(s).  
 \_\_\_\_\_

5) Does your child have Special Alerts, Prescription Meds, Seizures, Allergies, etc?  
 \_\_\_\_\_

### Give a Kid the Gift of Game

Consider enclosing a contribution with your payment. Your gift will support scholarships for children in the Junior Development Program at the Tennis Center. All contributions are fully tax deductible.

Yes, I will add \$ \_\_\_\_\_ as a contribution to the Jr. Development Scholarship fund.

Payment: \$ \_\_\_\_\_ + Gift of Game Contribution: \$ \_\_\_\_\_ = Total: \$ \_\_\_\_\_

Payment method:  Check  Credit Card  Cash

**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. **OR Fax to:** (718) 972-2690. Please contact the Tennis Center if you do not receive confirmation within one week.

**To pay by credit card** please fill in information below:

Credit Card#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Cv2#: \_\_\_\_\_

Cardholder Name (print): \_\_\_\_\_

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

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. I AUTHORIZE THE PROSPECT PARK TENNIS CENTER TO CHARGE THE CREDIT CARD LISTED BELOW FOR CHARGES INCURRED AT PROSPECT PARK TENNIS CENTER.

**For office use only:** Total Due \$ \_\_\_\_\_ Session: \_\_\_\_\_ Day/Time: \_\_\_\_\_