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# Special Aces Junior Development

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The Prospect Park Tennis Center offers group instructions for children with special needs. Our accomplished staff of tennis professionals and qualified physical and occupational therapists provide your child with the special attention they need to enjoy the experience of tennis.

A video about special aces may be viewed at [prospectpark.org/tennis](http://prospectpark.org/tennis)

Players 6 – 18 years old are grouped according to age and ability.

A limited number of sports wheelchairs are available.

Basic fundamentals and instruction are presented in a fun and innovative way.

**Registration:**

- To sign up, please complete the registration form.
- Scholarships are available.
- Please inquire for an application.

**Cancellation:**

- 24-hour advanced notice required to cancel reservations.
- Players will be charged for cancellations made less than 24 hours in advance.

The Prospect Park Alliance Special Aces program is made possible through support from the Bulova Stetson Fund and the J.E. & Z.B. Butler Foundation.

**Summer 2019**

**July 15 – 18 + July 22 – 25**

Space is limited!

**Mon – Thurs, 4 – 6 pm**

\$15 per 1-hour session

\$25 per 2-hour session

**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.**

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# Prospect Park Tennis Center Special Aces Junior Development Registration Form 2019

**Ways to return form:**  
**In person: 50 Parkside Avenue, Brooklyn, NY 11218**  
**By fax: (718) 972-2690**  
**email: [pcampbell@prospectpark.org](mailto:pcampbell@prospectpark.org)**

## Your Information

Child's Name \_\_\_\_\_ Date of Birth/Age \_\_\_\_\_  M  F  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
School \_\_\_\_\_ Telephone \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_  
Emergency Contact Name & Number \_\_\_\_\_  
Diagnosis \_\_\_\_\_

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## Preferred Day & Time (please select your choice)

4 - 6 pm     4 - 5 pm     5 - 6 pm     Week 1 (7/15 - 7/18)     Week 2 (7/22 - 7/25)

How does your child move?     Wheelchair     Walker     Crutches     Walks without assistance

Does your child have communications needs?     No     If Yes, please explain \_\_\_\_\_

How would you describe your child's behavior and social skills? \_\_\_\_\_

Has your child had any prior tennis or other sports experience?     No     Yes, Special Aces for \_\_\_\_\_ years

Does your child have special alerts, prescription meds, seizures, allergies, etc.?     No     If Yes please explain \_\_\_\_\_

Please indicate your child's ethnicity (optional) \_\_\_\_\_

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## Give a Kid the Gift of Game

Please consider making a charitable 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 would like to add \$ \_\_\_\_\_ as a contribution to the Junior Development Scholarship Fund.

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## Your Payment Information (make all checks payable to Prospect Park Alliance Tennis)

Payment method:     Check     Cash     Credit Card

Payment \$ \_\_\_\_\_ + Contribution \$ \_\_\_\_\_ = Total \$ \_\_\_\_\_

**Credit card payment policy:** If you wish to pay by credit card please contact the Tennis Center by phone or fax and we will put your credit card on file in our protected system.

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## 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 and release 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.

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

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## For Office use only

Series 1: Cash, Check, Credit Card    Amount \_\_\_\_\_    Day \_\_\_\_\_