



Special Aces Junior Development

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

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

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.

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.

Begins October 22, 2023

Space is limited!

Sunday, 1-2 or 2-3 pm

7 cycles for \$105

First Cycle:

Oct 22 to Dec 10

(no class Nov 26)

Second Cycle:

Dec 17 to Feb 11

(no class Dec 24 + 31,
Feb 18 + 25)

Third Cycle:

Mar 3 to Apr 21

(no class Mar 31)

**For more information, contact
tennis@prospectpark.org or
(718) 436-2500.**

The Prospect Park Tennis Center is operated by Prospect Park Alliance, the non-profit that sustains Prospect Park. Proceeds from our programs go toward the care and maintenance of the Tennis Center.



Prospect Park Tennis Center Special Aces Junior Development Registration Form 2023 – 2024

Ways to return form:

email: paulgerardcampbell@gmail.com

In person: 50 Parkside Avenue, Brooklyn, NY 11218

Your Information

Child's Name _____ Date of Birth/Age _____ Gender _____
Address _____ City _____ State _____ Zip _____
School _____ Telephone _____
Parent/Guardian Name _____ Email _____
Emergency Contact Name & Number _____
Diagnosis _____

Preferred Time + Cycle (please select your choice) Each cycle consists of 7 sessions.

- ☐ Sunday, 1-2 pm ☐ Sunday, 2-3 pm
☐ First Cycle Oct 22–Dec 10 ☐ Second Cycle Dec 17–Feb 11 ☐ Third Cycle Mar 3–Apr 21

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

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

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

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: Please do not email your credit card numbers to us. 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 or fill out our credit card authorization form.

Prospect Park Tennis Center 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 understands and agrees that NYC Parks and Recreation, Prospect Park Alliance and the Prospect Park Tennis Center are not responsible for any potential exposure by the participant to the Novel Coronavirus, or COVID-19, while participating in any activities at the Prospect Park Tennis Center. The participant and their parent/guardian agree to hold harmless, 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 _____

For Office use only

Series 1: Cash, Check, Credit Card	Amount _____	Day _____
Series 2: Cash, Check, Credit Card	Amount _____	Day _____
Series 3: Cash, Check, Credit Card	Amount _____	Day _____

