



The East Williston Creative Arts Tennis Program

FALL SESSION

The Director of the Tennis Program is Mike Derenze
PTR Teaching Professional

- Classes are 55 minutes long.
- Players will be grouped by age/ability.
- Children should be at least 5 yrs. old

THE PROGRAM WILL BE HELD ON SATURDAY

September 24, October 1, 8, 15, 22, and 29

(Raindate if needed Nov 5)

WHERE: Wheatley High School

11 Bacon Rd.

Old Westbury, NY

COST: \$80 per student

(non-refundable once class begins)

WHAT TO BRING: Tennis racquet
Sneakers
Bottled water

NOTE: There are **no** bathroom facilities

QUICKSTART TENNIS is offered to young children to help them learn tennis with special equipment.

Complete one form for each child/adult participating in the clinic and send form(s) and check made payable to:

East Williston Creative Arts Workshop, Inc.

C/O Testa

220 Glenmore St

E Williston NY 11596



Questions? Contact Mary Ellen [chrismikesmom@optonline.net] or Liz [lizzymch22@yahoo.com].

You will be enrolled in your first choice. YOU WILL ONLY BE CONTACTED IF WE CANNOT ACCOMMODATE YOUR FIRST CHOICE. Please keep the top of this form for reference. You will not be reminded of the start dates. Report to Wheatley High School on the dates listed above.



CUT FORM HERE



CUT FORM HERE

TENNIS FORM

NAME _____ (circle one) Adult Child Age of child _____

Phone: _____ email _____

EMAIL ADDRESS IS REQUIRED – THIS IS HOW WE WILL COMMUNICATE WITH YOU IN THE EVENT OF CANCELATION DUE TO INCLEMENT WEATHER.

Indicate choice of time in order of preference (1st, 2nd etc.) 9:00 _____ 10:00 _____ 11:00 _____ 12:00 _____

Emergency Release/Tennis Waiver: In case of accident or serious illness, I request the EWCAW to contact me or the emergency alternative named below. If I (we) can not be reached, I authorize the EWCAW to make necessary arrangements for the safety of my child.

My child has the following unusual physical conditions or allergies _____.

Child's Physician Name and Telephone#: _____

Emergency Contact Name: _____ Emergency Tel. : _____

Waiver: In consideration of your accepting my application, the undersigned accepts complete responsibility for participating in this program, including any injuries or accidents that might occur as a result, and agrees not to assert any claim against the EWCAW, or any person or party for same; and further releases and waives any rights or claims for heirs, executors and administrators of the undersigned which they might otherwise have against the EWCAW, as well as any other person or party connected with this program, their administrators, successors or assigns. The undersigned participant, parent or legal guardian agrees to release and hold harmless above EWCAW person or party of any claims and/or rights which may be asserted on behalf of the participant. I have read and agree to be bound by these terms and conditions. NEITHER THIS MATERIAL NOR THE CONTENTS HEREOF ARE ENDORSED BY OR DISTRIBUTED UNDER THE AUSPICES OF SCHOOL AUTHORITIES.

Participant or Parent/Guardian Signature: _____ Date: _____

Participant or Parent/Guardian Name (Print) _____