

The East Williston Creative Arts Tennis Program

EAST WILLISTON RESIDENTS ONLY

2021 FALL SESSION - WITH COVID RESTRICTIONS

Director of the Tennis Program is **Mike Direnze**

COVID POLICY - East Williston Creative Arts (EWCA) Tennis

Given the environment we are all living in as a result of the global COVID-19 pandemic, we have updated our safety plan to include a very specific return-to-play protocol to ensure the health and safety of the participants and spectators of the program. This protocol will be in effect immediately and indefinitely until these health risks are deemed “mitigated and controlled” by government officials. This is not a legal document – it is our way of saying let’s play tennis again, safely.

Below you will find detailed guidelines from leaving your home to leaving the courts. Please follow them. Any player, coach, or spectator, that does not abide by this safety protocol will be asked to leave the courts and the surrounding area. You will NOT be reimbursed for the lesson that will be missed because you or your child failed to abide by the safety protocols.

Prior to Leaving Home

Anyone experiencing symptoms of a cold or flu, must stay home.

Arriving to Venue

- All participants, and spectators, must adhere to three(3) foot physical distancing. Face masks are optional on and off the courts.
- Participants will enter the courts through the South gate and exit through the North gate (these will be marked) of the courts.
- Anyone experiencing flu-like symptoms during the lesson will be asked to leave. You will NOT be reimbursed for the missed lesson, nor will there be the opportunity to “make up” the lesson at another session.
- Spectators/parents/family members MAY NOT enter the courts.
- Hand washing or hand sanitizing, in the absence of soap and water, is recommended strongly during the lesson.

General Protocol for all Tennis Lessons

- Lessons will be 50 minutes. Lessons will stagger start times by 10 minutes.
- You may not “jump” from session to session. You are only permitted to attend the session to which you are assigned. If you miss the session that was assigned to you, a make-up and/or reimbursement will not be offered.
- Anyone experiencing Flu-like symptoms must be picked up and return home.
- Participants/coaches will bring their own individual water containers.
- Individuals should not congregate in common areas or parking lot following the lesson.

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- Classes are 50 minutes long.
- Players will be grouped by age/ability.
- Children should be at least 5 yrs. old

THE PROGRAM WILL BE HELD ON SUNDAY MORNINGS

WHEN: Sept 12, 19, 26 Oct 3, 10, 17

(Raindate, if needed, Oct 24))

WHERE: Wheatley High School
11 Bacon Rd.
Old Westbury, NY

COST: \$95 per student (non-refundable once class begins)

WHAT TO WEAR/BRING:

Tennis racquet, Sneakers, Mask,
Hand Sanitizer, Bottled water

**NOTE: THERE ARE NO
BATHROOM FACILITIES**

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

Class sizes are limited. You must show up at the time assigned – No class switching or make-ups allowed due to COVID restrictions. Please keep the top of this form for reference. You will not be reminded of the start dates.



CUT FORM HERE

CUT FORM HERE



TENNIS FORM

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

Mailing Address: _____ City: _____

Phone: _____ email _____

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

Indicate first and second choice of time slot (1st or 2nd) 9:00 _____ 10:00 _____ 11:00 _____

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 allergies _____.

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. **I HAVE READ AND AGREE TO THE COVID POLICY FOUND ON PAGES ONE and TWO OF THIS APPLICATION.**

Participant or Parent/Guardian Signature: _____ Date: _____

Participant or Parent/Guardian Name (Print) _____