

# The East Williston Creative Arts Tennis Program

## EAST WILLISTON RESIDENTS ONLY

2023 FALL SESSION

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

**PROGRAM WILL BE HELD ON EIGHT CONSECUTIVE SUNDAY MORNINGS**

**WHEN:** September 10, 17, 24,  
October 1, 8, 15, 22 and 29 (Raindate November 5)

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

**COST:** \$130 per student (non-refundable once class begins)

**WHAT TO WEAR/BRING:**

Tennis racquet, Sneakers,  
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 –**

**Please keep the top of this form for reference. You will not be reminded of the start dates.**

Questions? Email Mary Ellen at: [ewcatennis@gmail.com](mailto:ewcatennis@gmail.com)



**CUT FORM HERE**



**CUT FORM HERE**

### TENNIS FORM

NAME \_\_\_\_\_ (circle one) Adult Child Child's Current School Grade \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ email \_\_\_\_\_

**EMAIL ADDRESS IS REQUIRED – PLEASE PRINT CLEARLY - 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 (1<sup>st</sup> or 2<sup>nd</sup>) 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.

Participant or Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant or Parent/Guardian Name (Print) \_\_\_\_\_