

The East Williston Creative Arts Tennis Program

EAST WILLISTON SCHOOL DISTRICT RESIDENTS ONLY

2024 SPRING SESSION

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

THE PROGRAM WILL BE HELD ON SUNDAY MORNINGS

WHEN: April 21,28 May 5, 12,19,26 June 2.

(One raindate is built in, if needed, June 9)

WHAT TO WEAR/BRING:

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

**NOTE: THERE ARE NO
BATHROOM FACILITIES**

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

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

Complete one form for **each child/adult** participating in the clinic.

When both the Form and Payment are received, your registration will be processed. You will be notified if we are unable to accommodate your first time slot choice.

No electronic forms will be accepted for insurance purposes.

Make checks payable to: EWCA.

Mail or drop off the form and payment to: EWCA
c/o Testa
220 Glenmore St
E Williston NY 11596

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

Questions? Please Email

Mary Ellen at: ewcatenns@gmail.com



CUT FORM HERE



CUT FORM HERE

TENNIS FORM

NAME _____ (circle one) Adult Child Current Grade in school _____

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 – PLEASE PRINT CLEARLY.

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.

Participant or Parent/Guardian Signature: _____ Date: _____