

# The East Williston Creative Arts Tennis Program

## East Williston School District Residents ONLY

2026 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 THESE SUNDAY MORNINGS WEATHER PERMITTING

**WHEN:** April 26; May 3,10,17,24,31; June 7

(One raindate is built in, if needed, June 14)

**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. **Your registration will be processed ONLY when both the Form and Payment are received. Emailed registrations and electronic forms are not accepted for insurance purposes.** You will be placed in the time slot indicated as your first choice and will be notified ONLY if we are unable to accommodate your first time slot choice.

Checks should be payable to EWCA

Mail or drop off the form and payment through the mailslot at the address below:

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: [ewcatennis@gmail.com](mailto:ewcatennis@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 CANCELTION DUE TO INCLEMENT WEATHER – PLEASE PRINT CLEARLY.**

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) \_\_\_\_\_