

Norwalk/Stamford Grassroots Tennis & Education

Summer Education & Enrichment Program 2020

Registration Packet

Program Dates:
June 29, 2020 – August 14, 2020



Summer Education & Enrichment Program contact:

Kristi Miller

Director of Education

203-939-1770 or by e-mail at kristi@ngtenniseducation.org

Jonathyn Young

Administration and Tennis Coordinator

203-939-1770 or by e-mail at jonathyn@ngtenniseducation.org



Greetings Parents & Guardians!

Norwalk/Stamford Grassroots Tennis & Education would like to thank you for enrolling your student in our Summer Education & Enrichment Program. We are looking forward to having your child with us for a fun and enriching summer! Our program will begin Monday, June 29th and end on Friday, August 14th.

Sample Daily Schedule

Your child's final schedule will be provided to you prior to the start of camp.

Elementary School Schedule: Dates and Times TBD-Fridays	Middle School Schedule: Monday-Thursday	High School Schedule: Monday-Thursday
Tennis Clinics #1: TBD	Remote Session 1: 9:00am -9:45am	Tennis Clinic #1: 9:00am -10:15am
Tennis Clinics #2: TBD	Remote Session 2: 10:00am -10:45am	Tennis Clinic #2: 10:30am -11:45am
Tennis Clinics #3: TBD	Tennis Clinic #1: 2:45pm -3:45pm	Tennis Clinic #3: 12:00pm -1:15pm
Drop your child off 5 mins before practice. Youth Center is closed to students all day.	Tennis Clinic #1: 4:00pm -5:00pm	Seniors Remote Session:11:00am -11:45am
	Drop your child off 5 mins before practice. Youth Center is closed to students all day.	Juniors Remote Session:1:00pm -1:45pm
		Remote Session #1: 2:00pm -2:45pm
		Remote Session #2: 3:00pm -3:45pm
		Drop your child off 5 mins before practice. Youth Center is closed to students all day.

Tennis

Our tennis schedule has changed, please see the above schedule. If you have questions, please contact Jonathyn Young, Administration and Tennis Coordinator, at jonathyn@ngtenniseducation.org or David Kimani, Senior Director of Tennis, at david@ngtenniseducation.org or 203-939-1770.

Please review the enclosed documents and complete them thoroughly.

For your child to participate in Grassroots Summer Education & Enrichment, **you must provide us your child's health physical**, can be a copy of the one that you gave your child's school, and complete this registration packet completely.

This packet includes important information about our program and policies. Please read over all of this information with your child. Enrollment is contingent upon completion of all application materials. Space is available on a first-come, first-served basis.

Updated information on the specific field trips, schedule and activities will be provided prior to the start of the program.

Best regards,

Betsy McNeil
Executive Director

David Kimani
Senior Director of Tennis

Kristi Miller
Director of Education

Jonathyn Young
Admin & Tennis Coordinator



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STUDENT INFORMATION (one form per child)

Child's Name: _____ Today's Date: _____ Gender (Circle one): M - F

Name of Mother: _____ Name of Father: _____ Child Resides With: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Parent's Cell Phone: _____

Child's Cell Phone: _____ Parent's Email: _____

School and Grade for 2019-2020: _____ Date of Birth: _____

Ethnicity (Circle all that apply): Asian - Black/African American – Hispanic – Native American – White/Caucasian
Middle Eastern – Caribbean – Other If other, please describe: _____

Free/Reduced Lunch (Circle one): Yes – No Allergies or Special Medical Needs: _____

Does your child have an Individualized Education Plan, IEP? Yes – No
If Yes, please list what IEP: _____

Emergency Contact Info:

Contact 1: Name: _____ Relationship: _____ Phone #: _____

Contact 2: Name: _____ Relationship: _____ Phone #: _____

My child has permission to walk home from the program: ___ Yes ___ No

If "no", name of person(s) allowed to pick up my child from NGTE:

Contact 1: Name: _____ Relationship: _____ Phone #: _____

Contact 2: Name: _____ Relationship: _____ Phone #: _____

Please check off that both parent(s) and student agree to all of the following

- ☐ Parent/Guardian submit student's end of year report card
- ☐ Waiver & Release of Liability Form
- ☐ Permission for photo/name release
- ☐ NGTE Creed

Please check highest level of education completed by parent

[] GED [] Licensed/ Certification [] High School Diploma [] Some College Credit
[] Associates Degree [] Bachelor's Degree [] Master's Degree and up

Gross annual income for all persons living in the household who are over the age of 16 and not in school

[] \$0-\$19,999 [] \$20,000-\$39,000 [] \$40,000-\$59,000 [] \$60,000-\$79,999 [] 80,000-\$99,000
[] \$100,000+

Number of persons in household including head of household: _____



**Norwalk/Stamford Grassroots Tennis & Education
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Waiver & Release of Liability Form 2020

I hereby agree to submit any disputes that may arise between myself and Norwalk/Stamford Grassroots Tennis & Education (Grassroots), its agent, servants, employees, Grassroots' staff, its volunteers, and other practitioners of the tennis program teaching me, and all their agents, trustees, servants, and employees, in connection with my activities at Grassroots, to binding arbitration before three arbitrators, in accordance with the rules of the American Arbitration Association.

In consideration of being allowed to participate in any way in the Norwalk/Stamford Grassroots Tennis & Education, related events and activities, the undersigned acknowledges, appreciates and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and because of the dangers of participation in the below sport, I recognize the importance of the coach's instructions regarding playing techniques, training, rules of the sport, or to the team rules, and to obey those instructions.
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 3) In consideration of Norwalk/Stamford Grassroots Tennis & Education permitting me to practice, play or tryout for the Grassroots program, and to engage in all activities related to the team and the program, including practicing, playing and travel. I hereby voluntarily assume all risks associated with participation and agree to exonerate and save harmless Grassroots, their agents, servants, employees, the Grassroots staff, the physicians, athletic trainers, teachers, and other practitioners of the program teaching me, from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to Grassroots.
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, the Norwalk/Stamford Grassroots Tennis & Education program, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- 5) I hereby consent to first aid and/or emergency medical treatment of my child by a trained professional. I hereby grant permission to Grassroots for my child to be transported to the nearest hospital for treatment should a medical emergency arise. I further authorize the nearest hospital to provide any medical treatment or surgical treatment, including administration of medication, immunizations and anesthesia, considered necessary or advisable by a physician for the child referenced below. All costs associated with ambulance transport or emergency room/doctor fees will be assumed by me, the guardian.

CERTIFICATION - By signing below,

- I certify that the information on this form is complete and correct to the best of my knowledge.
- I authorize Grassroots the use of this information for statistical data purposes.

Parent/Guardian Name (print): _____

Signature: _____ **Date:** _____



Norwalk/Stamford Grassroots Tennis & Education Creed

1. I will be respectful to myself, and those around me.
2. I will put forth my best effort at tennis each day.
3. I will do my homework and assignments given to me.
4. I will be on time to school and tennis.
5. I understand that the choices I make each day affect my well-being.

Summer Program Procedures



- Camp begins each day at 9:00am. Please ensure that your student(s) are online and at the courts promptly.
- **Parents must submit a completed State of Connecticut Health Assessment Form before start of camp.**
- Parents must submit a 2019-2020 final report card before the start of camp.
- Students must attend every day unless excused by the office. Please call (203-939-1770) if a student will miss a day due to unexpected illness or emergency. If you plan to be absent due to a vacation or trip, you must inform the office before the start of camp.
- Students must dress appropriately - wear rubber soled sneakers, shorts, sweats, t-shirts. On field trip days students are required to wear the program t-shirt.
- Do not drop off or pick up your child without signing the daily sign-in sheet.
- We do not administer psychotropic or topical medications including sun block lotion (sunscreen). We have staff that are unlicensed but trained in the administration of medication. **We will only administer Epi-pen and inhalers with a written authorization from a physician and written parent consent for each camper.** Medications must be in its original packing and clearly labeled, and provided by the parents or legal guardian of the child. Your child cannot attend camp without the written authorization form and medicine provided by you if your child's physical exam states that he/she needs that medication. Sunscreen should be applied before arriving and students may self-apply during the day.
- No electrical (music, gaming) devices allowed in the program. No cell phone use without staff permission (must keep in bag).
- No candy or soda allowed.
- Bring a water bottle (please have student's name on it)
- Breakfast and Lunch will not be provided by Grassroots, however there is a food tent available at the pre school where you and your student can receive Breakfast and Lunch.



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Permission for Photo/Name Release

I grant permission to Norwalk/Stamford Grassroots Tennis & Education (Grassroots) and their authorized organizations to photograph, tape, film, or make an audio recording of my child's participation in the Norwalk/Stamford Grassroots Tennis & Education Program. Authorized organizations are organizations that have signed agreements with Grassroots to produce content-videos, pictures, interviews, and audio- during specific days and/or events only.

I grant Norwalk/Stamford Grassroots Tennis & Education and their authorized organizations an irrevocable license to produce, copy, display, perform, or otherwise use these materials. I understand that these materials will be used for the purpose of education, promotion, commercial, support, and information and may appear in newsletters, newspapers, brochures, magazines, exhibits, fundraisers, Norwalk/Stamford Grassroots Tennis & Education and their authorized organizations' publications, and/or on the Norwalk Grassroots Tennis & Education and/or their authorized organizations' website.

I agree that my child may be identified as a participant in the event and/or program being recorded. I release the Norwalk/Stamford Grassroots Tennis & Education program, its employees, directors, and volunteers, and their authorized organizations' employees, directors, and volunteers from any liability connected with the publication, reproduction, release or other use of these materials, and agree not to bring any claims against them growing out of such publication release, reproduction, or other use of these materials.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Field Trip Permission

Every Monday we will take a field trip to a different location. Students will be sent home with field trip information every Friday. Please make sure to provide your child with the proper attire and supplies for field trips. Students must arrive on time for field trips or will not be able to attend the trip that day.

Field trip transportation will be provided by First Student Transportation Company. T-shirts must be won on the day of scheduled field trips. Grassroots will provide campers with one (1) t-shirt.

I give my child _____ permission to attend the field trips on the designated days. I agree to have my child at Grassroots at the designated time on field trip day, otherwise I understand he/she will not be able to participate.

In the event that I do not wish for my child to attend a specific trip, I will not send my child to camp that day.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



Administration of Medication

- Grassroots does not administer psychotropic or topical medications including sun block lotion (sunscreen). Sunscreen should be applied before arriving and students may self-apply during day.
- We have staff that are unlicensed but trained in the administration of medication.
- We will only administer Epi-pen and inhalers with a written authorization from a physician and written parent consent for each camper. Medications must be in its original packing and clearly labeled, and provided by the parent. Youth will not be able to participate in Grassroots Summer Education & Enrichment Camp without the proper medicine and paperwork.

Prescriber's Authorization for EPIPEN

Name of Student: _____ Date of Birth: _____

Address: _____

Condition for which drug is being administered: _____

Drug Name: EPIPEN Dose: _____

Time of Administration: _____

Relevant side effects: _____

Specify: _____

Allergies: NO YES (specify): _____

Prescriber's Name/Title: _____

Telephone: _____

Fax: _____

Address: _____

Parent/Guardian Authorization

I hereby request that the above ordered medication be administered by Norwalk/Stamford Grassroots Tennis & Education Summer Education & Enrichment Camp staff. I understand that I must supply Grassroots staff with the EPI PEN. I understand that this medication will be destroyed if not picked up within one week following termination of the order or the last day of my child's participation in the program.

Parent/Guardian Signature: _____

Date: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____



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Program Behavior

Our staff are encouraged to treat all campers with respect and to redirect undesired behavior with care and encouragement. All behaviors have consequences. When your child acts responsibly, they earn incentives as well as trust. However, when they act in a way that is not responsible, they will not earn incentives, and may have some type of restriction or loss of specific privileges.

- Kind words and play only. No profanity, physical violence/fighting, or bullying allowed.
- Each child must stay with their assigned group and counselors at all times.
- Students, staff, teachers and counselors will show respect to each other at all times.
- All students will follow the Grassroots Creed

If a student displays disruptive behaviors the following procedures will be followed:

- 1st offense: Verbal warning.
- 2nd offense: Time-out and call to parents
- 3rd offense: Call to parents and student(s) will not be allowed to attend the next scheduled field trip. Plan for improvement will be developed with the parents.
- 4th offense: Student(s) will be sent home for the day. Meeting with parents. Student(s) is expected to write an apology note stating how behavior will change prior to returning to the program.

Sign and Return



Thank you for your help and support. We look forward to a fun and successful summer for the students.

By signing you agree that you have read through this packet with your student/parent and understand/will abide by the rules and policies outlined above.

Student Name: _____

Student Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____