



Department of Parks and Recreation  
Recreation Division  
101 Field Point Road, Greenwich, CT 06836-2540  
Phone: 203-618-7649 Email: [recreation@greenwichct.org](mailto:recreation@greenwichct.org)



## 2023 YOUTH AND ADULT TENNIS CLINICS

**DESCRIPTION:** Youth and Adult Tennis Clinics are great for new players, and players who want to enhance their skills. All clinics will be led by Tennis Instructors and will focus on the fundamentals and rules of tennis in a fun, energetic environment.

**ELIGIBILITY:** This program is for players who are 4 years and older. Proof of age required. Participants must be at least 4 years old on or before the start date of the clinic. Lollipops, ages 4 & 5; Pee Wees, ages 6 & 7; Jr. Beg/Int., ages 8 – 15; Adults, 16 & up.

**SCHEDULE:** Clinics are held in one-week sessions (Monday – Thursday) with a rain date of Friday. Weather and activity updates will be available on our Recreation Sports website at: [www.teamsideline.com/greenwichct](http://www.teamsideline.com/greenwichct). In addition, you can call the weather hotline at 203-861-6100.

**LOCATION:** Bruce Park Tennis Courts

**FEES:** Fees for each section listed below. We accept all major credit cards for online registration. There are no refunds and we do not pro-rate fees. Requests for credit will only be considered if received in writing, prior to the start of the program. There is a \$15 administrative fee for credits and a \$25 fee for any returned checks.

<u>Activity 203031</u>	<u>Dates</u>	<u>Time</u>	<u>Fee</u>	<u>Activity 203035</u>	<u>Dates</u>	<u>Time</u>	<u>Fee</u>
1A Lollipops	June 5 - 8	3:30 p.m. - 4 p.m.	\$75	5A Lollipops	July 10 - 13	9 a.m. - 9:30 a.m.	\$75
1B Pee Wees	June 5 - 8	4 p.m. - 4:45 p.m.	\$85	5B Pee Wees	July 10 - 13	9:30 a.m. - 10:15 a.m.	\$85
1C Jr. Beg/Int.	June 5 - 8	5 p.m. - 6 p.m.	\$95	5C Lollipops	July 10 - 13	3:30 p.m. - 4 p.m.	\$75
				5D Pee Wees	July 10 - 13	4 p.m. - 4:45 p.m.	\$85
				5E Jr. Beg/Int.	July 10 - 13	5 p.m. - 6 p.m.	\$95
<u>Activity 203032</u>	<u>Dates</u>	<u>Time</u>	<u>Fee</u>	<u>Activity 203036</u>	<u>Dates</u>	<u>Time</u>	<u>Fee</u>
2A Lollipops	June 12 - 15	3:30 p.m. - 4 p.m.	\$75	6A Lollipops	July 17 - 20	9 a.m. - 9:30 a.m.	\$75
2B Pee Wees	June 12 - 15	4 p.m. - 4:45 p.m.	\$85	6B Pee Wees	July 17 - 20	9:30 a.m. - 10:15 a.m.	\$85
2C Jr. Beg/Int.	June 12 - 15	5 p.m. - 6 p.m.	\$95	6C Lollipops	July 17 - 20	3:30 p.m. - 4 p.m.	\$75
				6D Pee Wees	July 17 - 20	4 p.m. - 4:45 p.m.	\$85
				6E Jr. Beg/Int.	July 17 - 20	5 p.m. - 6 p.m.	\$95
<u>Activity 203033</u>	<u>Dates</u>	<u>Time</u>	<u>Fee</u>	<u>Activity 203037</u>	<u>Dates</u>	<u>Time</u>	<u>Fee</u>
3A Lollipops	June 19 - 22	4 p.m. - 4:30 p.m.	\$75	7A Lollipops/Pee Wees	July 24 - 27	9:15 a.m. - 10 a.m.	\$85
3B Pee Wees	June 19 - 22	4:30 p.m. - 5:15 p.m.	\$85	7B Lollipops	July 24 - 27	4 p.m. - 4:30 p.m.	\$75
3C Jr. Beg/Int.	June 19 - 22	5:30 p.m. - 6:30 p.m.	\$95	7C Pee Wees	July 24 - 27	4:30 p.m. - 5:15 p.m.	\$85
				7D Jr. Beg/Int.	July 24 - 27	5:15 p.m. - 6:15 p.m.	\$95
<u>Activity 203034</u>	<u>Dates</u>	<u>Time</u>	<u>Fee</u>	<u>Activity 203038</u>	<u>Dates</u>	<u>Time</u>	<u>Fee</u>
4A Lollipops	June 26 - 29	9 a.m. - 9:30 a.m.	\$75	8A Lollipops/Pee Wees	Jul 31 – Aug 3	9:15 a.m. - 10 a.m.	\$85
4B Pee Wees	June 26 - 29	9:30 a.m. - 10:15 a.m.	\$85	8B Lollipops	Jul 31 – Aug 3	3:30 p.m. - 4 p.m.	\$75
4C Lollipop/Pee Wee	June 26 - 29	4:15 p.m. - 5 p.m.	\$85	8C Pee Wees	Jul 31 – Aug 3	4 p.m. - 4:45 p.m.	\$85
4D Jr. Beg/Int.	June 26 - 29	5 p.m. - 6 p.m.	\$95	8D Jr. Beg/Int.	Jul 31 – Aug 3	5 p.m. - 6 p.m.	\$95
Lollipops*	4 & 5 years old						
Pee Wees*	6 & 7 years old						
Jr. Beg/Int	8 - 15 years old						
*Lollipops & Pee Wees are for beginners							

<b>Activity 203042</b>	<b>Dates</b>	<b>Time</b>	<b>Activity 203042</b>	<b>Dates</b>	<b>Time</b>
1A Adult Beginner	June 5 - 8	6 p.m. - 7 p.m.	5A Adult Beg/Int.	July 10 - 13	10:30 a.m. - 11:30 a.m.
1B Adult Intermediate	June 5 - 8	7 p.m. - 8 p.m.	5B Adult Beginner	July 10 - 13	6 p.m. - 7 p.m.
			5C Adult Intermediate	July 10 - 13	7 p.m. - 8 p.m.
2A Adult Beginner	June 12 - 15	6 p.m. - 7 p.m.			
2B Adult Intermediate	June 12 - 15	7 p.m. - 8 p.m.	6A Adult Beg/Int.	July 17 - 20	10:15 a.m. - 11:15 a.m.
			6B Adult Beginner	July 17 - 20	6 p.m. - 7 p.m.
3A Adult Beginner	June 19 - 22	6:30 p.m. - 7:30 p.m.	6C Adult Intermediate	July 17 - 20	7 p.m. - 8 p.m.
3B Adult Intermediate	June 19 - 22	7:30 p.m. - 8:30 p.m.			
			7A Adult Beg/Int.	July 24 - 27	10 a.m. - 11 a.m.
4A Adult Beg/Int.	June 26 - 29	10:15 a.m. - 11:15 a.m.	7B Adult Beg/Int.	July 24 - 27	6:30 p.m. - 7:30 p.m.
4B Adult Intermediate	June 26 - 29	6:15 p.m. - 7:15 p.m.			
4C Adult Beginner	June 26 - 29	7:15 p.m. - 8:15 p.m.	8A Adult Beg/Int.	Jul 31 - Aug 3	10 a.m. - 11 a.m.
			8B Adult Intermediate	Jul 31 - Aug 3	6 p.m. - 7 p.m.
<b>Adults - 16 years and up Fee: \$95</b>					

**PARTICIPANT INFORMATION:** All participants must supply their own racquet. Please bring one new can of tennis balls to the first day of the weekly session.

**REGISTRATION:**

- **Online:** Opens April 1 – online registration is available to Greenwich Residents. To register online go to [www.greenwichct.gov/webtrac](http://www.greenwichct.gov/webtrac) and SIGN IN to your account. **2023** residency must be verified before applying for this activity. Visit: [www.greenwichct.gov/residency](http://www.greenwichct.gov/residency).
- **Mail-in for non-account holders:** Begins April 15. Non-account holders: primary family member and all participating family members, over 25 years, must provide identification and proof of address. Participants under 25 years, require a copy of birth certificate, passport, or guardianship.

**Make checks payable to: “Town of Greenwich” and mail to:**

Youth and Adult Tennis Clinics  
Department of Parks and Recreation  
P.O. Box 2540  
Greenwich, CT 06836-2540

**YOUTH SCHOLARSHIPS:** The Parks and Recreation Department has established a Youth Scholarship Program which provides financial assistance to qualifying residents. Visit our webpage for more information or to register: [www.greenwichct.gov/youthscholarships](http://www.greenwichct.gov/youthscholarships).

**PHOTOS:** The Parks and Recreation Department reserves the right to use program or event photographs including participants in official Town of Greenwich Media only (Website, newsletter, flyers and advertisements, Facebook and/or Instagram). Please contact the Recreation Office if you object to the use or photographs of you or your child(ren) in Town Media.

# CONCUSSION INFORMATION SHEET



**HEADS UP  
CONCUSSION**

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.



## HOW CAN I SPOT A POSSIBLE CONCUSSION?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

### SIGNS OBSERVED BY PARENTS OR COACHES

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can’t recall events prior to or after a hit or fall.

### SYMPTOMS REPORTED BY CHILDREN AND TEENS

- Headache or “pressure” in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not “feeling right,” or “feeling down.”

## WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK OUT FOR?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

## WHAT SHOULD I DO IF MY CHILD OR TEEN HAS A POSSIBLE CONCUSSION?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

## HOW CAN I HELP KEEP MY CHILDREN OR TEENS SAFE?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - » Work with their coach to teach ways to lower the chances of getting a concussion.
  - » Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - » Ensure that they follow their coach's rules for safety and the rules of the sport.
  - » Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



TO LEARN MORE GO TO >> [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)

JOIN THE CONVERSATION AT

➔ [www.facebook.com/CDCHEADSUP](https://www.facebook.com/CDCHEADSUP)

Content Source: CDC's HEADS UP campaign. Customizable HEADS UP fact sheets were made possible through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).



# 2023 Activity Program Registration

Email: [recreation@greenwichct.org](mailto:recreation@greenwichct.org)

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H/H #

<b>Program Name:</b>		<b>Activity #:</b>		<b>Section #:</b>	
Participant's Name:			Gender:		
Birth date:	Age:	School:		Grade:	
Parent/Guardian:					
Address:		Town:	State:	Zip Code:	
Cell Phone:		Email:			
Addition information:					
<b>In Case of Emergency:</b>					
Name:		Phone:		Relationship:	
List any physical restriction:					
Allergies:					

## INDEMNIFICATION AND RELEASE

**THIS IS A LEGALLY BINDING DOCUMENT. DO NOT SIGN IT UNTIL YOU HAVE READ THE CONTENTS HEREOF AND UNDERSTAND THE SAME. IF YOU ARE IN DOUBT, CONSULT AN ATTORNEY PRIOR TO SIGNING THIS DOCUMENT.**

The Undersigned (hereinafter referring to myself, my minor children or charges, my heirs and assigns) hereby agree(s) to assume all risk and bear all responsibility and to indemnify and hold the TOWN OF GREENWICH, its agents, representatives, servants, officers, and employees, harmless from and against any and all claims, demands, suits, proceedings, liabilities, judgments, awards, losses, damages arising out of injuries to any persons or property, including any and all costs and expenses incurred in the defense of such claims, demands, suits and proceedings including court costs and attorneys' fees resulting from, arising out of, or in any way related to or connected with my/our participation in the \_\_\_\_\_ program sponsored by the Town of Greenwich/use of Town of Greenwich property/facilities/apparatus or equipment thereof.

The Undersigned, does forever discharge the Town of Greenwich, its agents, representatives, servants, officers and employees from any and all claims including claims of negligence or carelessness, alleging damages and any and all causes of action which the Undersigned may have or may hereafter have, arising out of, related to, or in any manner connected with injuries or damages the Undersigned may sustain by reason of my participation in the above-described program or use of the Town of Greenwich property, facilities, apparatus or equipment.

The Undersigned, the participant or parent/guardian of the above-named person, who participates in programs organized by the Town of Greenwich Department of Parks and Recreation, assumes all risks and hazards incidental to the conduct of the activity and transportation to and from the activity. I am aware that participating in any recreational program can be a dangerous activity involving many risks of injury. I further understand there is inherent risk associated with the(se) activity(ies) and authorize emergency medical treatment and transportation in my absence.

Dated at Greenwich, Connecticut, this \_\_\_\_\_ day of \_\_\_\_\_ 202\_.

**Signature of Participant:** \_\_\_\_\_  
(or Parent or Guardian for participants under 18 years of age)

Date:	Check#	Receipt#	Proof _	Initials
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The Town complies with all applicable federal and state laws regarding non-discrimination, equal opportunity, affirmative action, and providing reasonable accommodations for persons with disabilities. If you require an accommodation to participate, please contact the Commissioner of Human Services at 203-622-3800 or [Demetria.nelson@greenwichct.org](mailto:Demetria.nelson@greenwichct.org) as soon as possible.