

2015 GFFT Junior Tennis Summer Camps



Introduce your child to the game of tennis this summer for \$20/week!

The GFFT Junior Tennis Camps are a series of **introductory** lessons underwritten by GFFT (Genesis Foundation for Fitness & Tennis). Lessons are taught by Genesis Health Club tennis professionals and are offered to give interested youth the opportunity to learn the sport.

Fundamental skills covered include forehand, backhand, volley, serve and overhead as well as basic strategy.

These clinics are for **new** players only, ages 6-15.

Rock Road

- June 8 – June 11
- June 22 – June 25
- July 6 – July 9
- July 20 – July 23

Ages 6 – 10: 3pm – 4pm
Ages 11 – 15: 4pm – 5pm

West Central

- June 8 – June 11
- June 22 – June 25
- July 6 – July 9
- July 20 – July 23

Ages 6 – 10: 2pm – 3pm
Ages 11 – 15: 3pm – 4pm

Salina

- June 8 – June 11
- July 6 – July 9

Ages 6 – 10: 3pm – 4pm
Ages 11 – 15: 4pm – 5pm

Name: _____ **Phone:** _____

Address: _____ **City/State/Zip:** _____

School: _____ **Age:** _____

Please select date(s) above. Your child will be placed in the session's times by age (see above). Expectation ratio of juniors to pros is 10/1. Classes may be taught inside or outside depending on court availability. For more info, call 316-634-3112.

- YES!** I would like to take advantage of the \$10 racquet offer! If your child is in need of a racquet, they can be purchased at your first clinic for \$10 per racquet.

Return completed form and payment to:
Genesis Foundation for Fitness & Tennis
c/o Genesis Health Clubs
1551 N Rock Rd
Wichita, KS 67206



Genesis Foundation for Fitness & Tennis (GFFT) is a not-for-profit foundation formed in 2006 by Genesis Health Clubs and is founded on the premise that physical activity improves quality of life. The mission of GFFT is to provide fund to allow all citizens, regardless of background and means, the opportunity to participate in recreational and/or competitive fitness activities.

A Genesis Health Clubs Youth Foundation

A 501c3 charity

www.genesisfoundationwichita.com

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Permission/Medical Release Form

Today's Date: _____
Name: _____ Age: _____ Birth Date: _____ Gender: M F
Address: _____ City: _____ State: _____ Zip: _____
Parent's Name: _____ Phone: _____
Emergency Contact: _____ Relation: _____ Phone: _____
Physician's Name: _____ Phone: _____

Please list any current or previous health problems/conditions that may affect your own or your child's physical activity:

Allergies/Medications/Medical Concerns: _____
Contacts Wearer Yes No (circle) _____

Genesis Health Clubs Release of Liability

- I/We (if married) understand that participation in any instructional and/or recreational activities at Genesis Health Club, LLC (hereinafter referred to as "Genesis"), including GFFT Junior Summer Tennis Clinics is voluntary and that all Programs and the use of the related facilities and equipment carry some physical risk.
- I/We certify my/our child is in good health and that he/she has no physical limitations which would preclude him/her from the safe use of the facilities and equipment related to the Programs offered by Genesis; and (ii) that I/we have sufficient health, accident and liability insurance to cover any Damages that may result as a consequence of myself/ourself and my/our child participating in the Programs and if I/we have no such insurance, I/we certify that I/we am/are capable of personally paying for any and all such Damages.
- I/We understand that my/our minor child is injured or our property is damaged while participating in the programs, that the injury or loss will not be covered or reimbursable by Genesis.
- I/We agree to assume the risk of any and all illness, injury (minor serious or catastrophic in nature including claims and suits at law or in equity for any injury, fatal or otherwise) or damage (to person or property) resulting from my/our minor child's participation in all Programs, including the use of facilities and/or equipment associated with the Program ("Damages").
- I/We hereby waive all claims, on behalf of my/our minor child (including claims which may be brought after attaining majority), now or in the future, for any such Damages and do hereby release and discharge Genesis and it's respective officers, directors, instructors, agents, employees and assigns from any and all liability for such Damages.
- I/We fully understand that Genesis instructors, agents and employees ("Genesis staff") are not physicians or medical practitioners of any kind. With the above in mind, I/we hereby release and grant permission to the Genesis staff to render temporary first aid to my/our child in the event of any injury or illness, and if deemed necessary by the Genesis staff to call ad doctor to seek medical help, including transportation by a Genesis staff member, whether paid or volunteer, to any health care facility or hospital or the calling of an ambulance for said child should the Genesis staff deem this necessary.
- I/We assume full responsibility for all liability in connection with such damages and agree to indemnify Genesis against any and all such claims and related costs that may be brought after attaining majority.

Signature of Parent/Guardian Date Phone (_____) _____