2017 GFFT Play Tennis Fast for Kids



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

The GFFT Play Tennis Fast for Kids 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.

Our very interactive environment will engage kids to be successful as they play the game of a lifetime. Fundamentals, hand eye, footwork, fun, and play will be the main ingredients of this program.

| | Rock Road | <u>West Central</u> | <u>Salina</u> | |
|--|---|---|---|--|
| | June 5 – June 8 | June 5 – June 8 | June 5 – June 8 | |
| | June 19 – June 22 | June 19 – June 22 | July 10 – July 13 | |
| | July 10 – July 13 | July 10 – July 13 | | |
| | July 24 – July 27 | July 24 – July 27 | Ages 6 – 10: 3pm – 4pm | |
| | | | Ages 11 – 15: 4pm – 5pm | |
| | Ages 6 – 10: 3pm – 4pm | Ages 6 – 10: 2:30pm – 3:30pm | | |
| | Ages 11 – 15: 4pm – 5pm | Ages 11 – 15: 3:30pm – 4:30pm | | |
| e: _ | | Phone: | | |
| | City/State/Zip: | | | |
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| ool: | | | | |
| ress: pol: il: | e(s) above Your child will be placed | A | ge: | |
| l: | e(s) above. Your child will be placed ay be taught inside or outside depe | I in the session's times by age (se | e above). Expectation ratio of the info, call Amy Petersen at 3 | |
| ol: | ay be taught inside or outside deper | I in the session's times by age (se | e above). Expectation ratio of the info, call Amy Petersen at 3 | |
| select date Classes m | ay be taught inside or outside deperence of the avoid like to take advantage of the | d in the session's times by age (sending on court availability. For more resen@genesisfoundationwichita.c | e above). Expectation ratio of the info, call Amy Petersen at 3 com. | |
| select date Classes m YES! I w 2 racquet racquet, th | ay be taught inside or outside deper email apete | d in the session's times by age (sending on court availability. For more resen@genesisfoundationwichita.c | e above). Expectation ratio of the info, call Amy Petersen at 3 com. ed form and payment to: undation for Fitness & Tennis | |



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 funds to allow all citizens, regardless of background and means, the opportunity to participate in recreational and/or competitive fitness activities.

2017 GFFT Junior Tennis Summer Camps

Permission/Medical Release Form

| Today's Date: | | | |
|--|---|---|---|
| Name: | Ag | e: Birth Date: | Gender: M F |
| | City: _ | | |
| | | Phone | e: |
| Email: | | | |
| | Relation: | | |
| Physician's Name: | | Pho | one: |
| Please list any current or previous | health problems/conditions that may | affect your own or your | child's physical activity: |
| Allergies/Medications/Medical Con | cerns: Contac | cts Wearer Yes No | (circle) |
| Genesis Health Clubs Rel | ease of Liability | | |
| I/We (if married) understand the Club, LLC (hereinafter referred all Programs and the use of the | at participation in any instructional an to as "Genesis"), including GFFT Jure related facilities and equipment carrood health and that he/she has no ph | nior Summer Tennis Cli y some physical risk. | inics is voluntary and the |
| from the safe use of the facilities sufficient health, accident and myself/ourself and my/our child l/we am/are capable of person | es and equipment related to the Progriability insurance to cover any Damag I participating in the Programs and if I ally paying for any and all such Dama | rams offered by Genesi ges that may result as a l/we have no such insulges. | is; and (ii) that I/we have a consequence of rance, I/we certify that |
| | inor child is injured or our property is covered or reimbursable by Genesis | | pating in the programs, |
| and suits at law or in equity for | of any and all illness, injury (minor se any injury, fatal or otherwise) or dam on in all Programs, including the use o | age (to person or prope | erty) resulting from |
| majority), now or in the future, | n behalf of my/our minor child (includ for any such Damages and do hereby structors, agents, employees and ass | release and discharge | e Genesis and it's |
| I/We fully understand that Gen medical practitioners of any kir staff to render temporary first a Genesis staff to call ad doctor | esis instructors, agents and employed d. With the above in mind, I/we here id to my/our child in the event of any to seek medical help, including transporare facility or hospital or the calling sary. | by release and grant pe injury or illness, and if cortation by a Genesis s | ermission to the Genesis deemed necessary by th staff member, whether |
| I/We assume full responsibility | for all liability in connection with such and related costs that may be broug | | |
| | | () | |
| Signature of Parent/Guardian | Date | Phone | |