

2021 Fast Track Tennis for Kids



Come Play Tennis with Us for \$30/week!

Introductory lessons taught by Genesis Health Clubs tennis professionals

Very interactive environment engages kids to be successful as they play the game of a lifetime.

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

West Central

854 N. Socora

June 14 - June 17

July 26 – July 29

July 12 – July 15 (Full)

	Ages 6 – 15: 3:00 – 4:00pm	Ages 6 – 15: 3:30pm – 4:30pm		
Name:		_ Phone:		
Address:		_ City/Zip:		
School:		Age:		
Email:				
	ratio of juniors to pros is 10:1. Classes m court availability. hite at 316-634-3112 or email dwhite@g	nay be taught inside or outside depending on genesisfoundationwichita.com.		
YES! I would like to take advantag \$15 racquet offer!	Genesis For 6100 E. Cer	Return completed form and payment to: Genesis Foundation for Fitness & Tennis 6100 E. Central Bldg #3 - Wichita, KS 67208 Or signup at the club		

Rock Road

1551 N. Rock Road

June 14 - June 17

July 12 – July 15

July 26 – July 29



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. Our mission is to provide youth with education and recreation opportunities that lead the way for a life-long commitment to physical fitness, thus improving health and wellness.

2021 Fast Track Tennis for Kids

Permission/Medical Release Form

Please list any current or previous health problems/conditions that may affect your own or your child's physical activity: Allergies/Medications/Medical Concerns: Contact Lens Wearer Yes No (circle) Genesis Health Clubs Release of Liability We (if married) understand that participation in any instructional and/or recreational activities at Genesis Health Club, LLC (hereinafter referred to as "Genesis"), including Fast Track Tennis for Kids Tennis Clinics are voluntary and that all Programs and the use of the related facilities and equipment carry some physical risk. 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/yourself 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. 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. 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"). 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 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 do		day's Date:					
Emergency Contact:	Naı	me:	Age:	Birth Date:	Gender: M F		
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:	Parent's Name:						
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