



Genesis Summer Tennis

May 30th - July 11th

Genesis offers exciting and enjoyable introductory level summer junior tennis classes for beginner tennis players. The tennis programs are designed so that the players have fun while learning to play the game of tennis! Each tennis player will be properly placed on the tennis court based on their age, experience, and ability level. The lessons will include: warm up, proper technique instruction, interactive drills, and competitive live-ball games.

The main focus of the lessons are for the players to learn the basic skills of tennis: hand-eye coordination, proper grip, footwork, balance, correct swing technique, and racquet contact control.

The players are provided a great atmosphere to learn the game of tennis and they will have a positive experience improving their tennis skills in the group setting!

Goals of the Program

- Learn the basics of tennis, a life-long sport in a fun and enjoyable environment
- Players will improve mental, physical, and athletic capabilities through repetitive practice drills
- Create a positive experience in order to enhance the physical, emotional and social development of the tennis player
- Proper positioning and shot selection will be emphasized so the players learn good tennis strategy
- The importance of positive attitude, great effort, staying focused, and fair play will be emphasized



Online registering available at
genesishhealthclubs.com

5300 Old Cheney Road
Lincoln, NE 68516
402.423.2511

See front desk or call 402.423.2511 to confirm dates, fee & registration information. Classes and activities are subject to change without notice. Pre-registration is required. A minimum number of participants is required in order for the classes to be conducted. If a class is cancelled for any reason current enrollees will be notified. Members and non-members welcome for most activities.

Practice Schedule:

Practices will be held on Monday's and Wednesday's from 8:25am -11:35am so that tennis coordinates with swim team.

The first practice will be on Wednesday, May 30th and the final practice will be on Wednesday, July 11th.
(No class will be held on July 4th)

Ages 5 & 6: 8:25-8:55am*

Ages 11 & older: 9:25-10:25am*

Ages 7-10 years: 10:35-11:35am*



Additional Info

- Participants in the program will be able to purchase a brand new tennis racquet for a reduced price of only \$20.00!
- Indoor Backup will be available on inclement weather days.

Genesis Tennis Summer Series - 2018 @ Racquet Club

Summer Programming Registration: Fill out this form completely. Drop of at Genesis Health Clubs – Racquet Club.

Date: _____

Member Status of Genesis? Member Non-member

Parent/Guardian Name: _____

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

Phone: _____ Secondary Phone: _____

Email Address (required): _____

Child's Name: _____ Age ____ DOB ____/____/____

Child's Name: _____ Age ____ DOB ____/____/____

Child's Name: _____ Age ____ DOB ____/____/____

Child's Name: _____ Age ____ DOB ____/____/____

Cost Per Child: Member \$110.00 / Non-Member \$130.00 / Racquet \$20.00 Genesis Trans #: _____
(Attach receipt to this form.)

Total Fee: _____ Method of Payment: Cash Check Visa Master Card On Account

Account #: _____ Exp. Date: _____ 3 Digit Code: _____ Signature: _____

If you wish to cancel, call or email a minimum of two weeks before the season starts. No refunds will be made after season has started.

I understand that tennis is a sport. I recognize that there are risks inherent in the sport of tennis including, but not limited to paralyzing injuries and death.

I agree to assume full risk and to waive, relinquish and release all claims I and/or the participant may have against, indemnify, hold harmless and defend Genesis Racquet Club. This includes as well its officers, agents, all personal medical insurances and that as a participant must cover all medical costs incurred. I also understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that I or the emergency contact cannot be reached. I confirm that my child(ren) is in good health and that his/her participation does not pose a hazard to his/her health or that of other participants. I have read this release and understand all its terms and hereby execute it voluntarily with full knowledge and understanding of its significance

Parent/Guardian Signature: _____

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