



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

Introductory lessons taught by community tennis coaches

Learn – Play – Fun  
are key experiences your child will have

Equipment provided – Racquets\* & Tennis Balls

Bring your water bottle

Beginning – New Player Program - Ages 6-15.

### Rock Road

1551 N. Rock Road

- June 13 – June 16
  - July 11 – July 14
  - July 25 – July 28
- 3:00 – 4:00pm

### West Central

854 N. Socora

- June 13 – June 16
  - July 11 – July 14
  - July 25 – July 28
- 3:30pm – 4:30pm

### Child's Age

- 6 - 8
- 9 - 11
- 12 - 15

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Please select date(s) 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 DeAnn White at 316-634-3112 or email [dwhite@genesisfoundationwichita.com](mailto:dwhite@genesisfoundationwichita.com).

- \*Players may purchase a racquet to keep  
\$20 + \$1.50 tax = \$21.50 racquet offer!

Return completed form and payment to:  
Genesis Foundation for Fitness & Tennis  
6100 E. Central Bldg #3 - Wichita, KS 67208  
Or signup at the club

# 2022 Fast Track Tennis for Kids

## Permission/Medical Release Form

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: M F

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: \_\_\_\_\_ Contact Lens 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 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.
- 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/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.
- 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 all such claims and related costs that may be brought after attaining majority.
- I/We give permission for my/our minor child's photo to be used in GFFT publicity.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

(\_\_\_\_\_)\_\_\_\_\_  
Phone