

# BUFFALO TENNIS CLINIC



**WHEN:** March 12th – 15<sup>th</sup> (Spring Break) 1:30-2:30 PM

**WHERE:** GCHS Tennis Courts

**COST:** \$30 Make checks payable to: **GCHS STUDENT FUNDS**

**SIGN UP:** Return registration form to: Heather Kneeland, 2122 Tara Dr., Garden City 67846  
**OR** call 620-290-1999 to register

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## REGISTRATION FORM

PARTICIPANT NAME \_\_\_\_\_ AGE \_\_\_\_\_ SCHOOL \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

EMERGENCY CONTACT NUMBER \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

SESSION: (circle one) ELEMENTARY (K-6) MIDDLE SCHOOL (7-8)

INTERMEDIATE (5-6) HIGH SCHOOL (9-12)

**Disclaimer:**

**I hereby desire that my child participate in the GCHS Buffalo Tennis Clinic. By condition of this release, I acknowledge the inherent risk of playing in an athletic event; and agree that all the requirements, directions, supervision and standards set by the directors of this program should be established for his/her benefit. I hereby voluntarily assume all risk of accident or injury to my child which may arise out of participation in this program, hereby intending to release Garden City High School and all personnel associated with this camp from liability that may result from his/her participation.**

**As a condition of participation in the Buffalo Tennis Clinic, I declare that my child is in good physical health and has had a physical check-up by a certified physician within the last calendar year.**

Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_