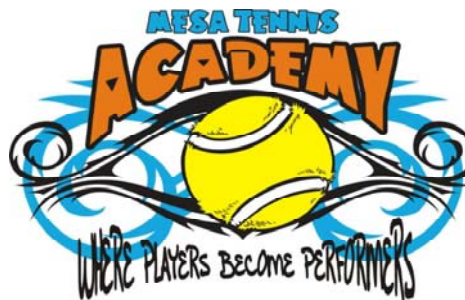


JUNE

Discover the MTA Experience

Where Player's become Performer's



2010 CHANDLER TENNIS CLINIC REGISTRATION FORM

PLAYER NAME _____ PLAYER LAST NAME _____
 PARENTS NAME _____ HOME TEL _____
 STREET ADDRESS _____
 CITY, STATE, ZIP _____
 E-MAIL _____ CELL/WORK _____
 DOB _____ SCHOOL _____ AGE _____ GRADE _____

	CHECK ONE	COST*
CIRCLE DAYS PARTICIPATING IN M-T-W-T-F 4:30-6:30PM	CHANDLER TENNIS CLINIC 5 DAYS PER WEEK	\$350
	CHANDLER TENNIS CLINIC 4 DAYS PER WEEK	\$300
	CHANDLER TENNIS CLINIC 3 DAYS PER WEEK	\$250
	CHANDLER TENNIS CLINIC 2 DAYS PER WEEK	\$200
	CHANDLER TENNIS CLINIC 1 DAY PER WEEK	\$150

**cost listed is for the month*

T-Shirt Size please circle **s m l xl xxl**

***REGISTRATION FORM AND PAYMENT MUST BE RECEIVED BY MAY 15TH**

***TO PAY WITH CREDIT CARD THROUGH PAYPAL, PLEASE EMAIL DENNIS@MESATENNISACADEMY.COM FOR AN INVOICE OR GO TO WWW.MESATENNISACADEMY.COM AND PAY THROUGH OUR ONLINE STORE.**

WAIVER

I HEREBY WAIVE AND RELEASE MESA TENNIS ACADEMY, BOGEL JR HIGH SCHOOL , HAMILTON HIGH SCHOOL AND THE CHANDLER UNIFIED SCHOOL DISTRICT . WHEN PARTICIPATING IN MESA,I HEREBY WAIVE AND RELEASE STAPLEY JUNIOR HIGH SCHOOL, MOUNTAIN VIEW HS AND MESA UNIFIED SCHOOL DISTRICT FROM ANY LIABILITY WHETHER ITS PHYSICAL OR MENTAL IMPAIEMENT PROCURED DURING STUDENTS PARTICIPATION DURING THE MESA TENNIS ACADEMY'S SPRING-BREAK CLINIC 2010 AND FUTURE CLINICS MY CHILD PARTICIPATES IN. I ALSO UNDERSTAND AND ACKNOWLEDGE THAT HAMILTON HIGH SCHOOL, CHANDLER UNIFIEDSCHOOL DISTRICT STAPLEY JUNIOR HIGH AND MESA UNIFIED SCHOOL DISTRICT ARE NOT AFFILIATED WITH THE MESA TENNIS ACADEMY, NOR ARE RESPONSIBLE FOR THE POLICIES AND ACTIONS OF THE MESA TENNIS ACADEMY.

PARENTS SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY:	
DATE: _____	RECEIPT# _____
STAFF _____	FEE PAID _____
MEMBERSHIP: _____	