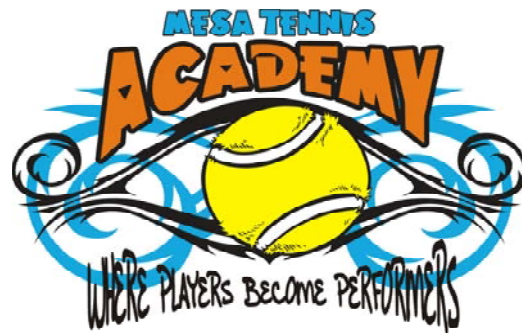


Discover the MTA Experience!

Where Players become performers.



2010 CHANDLER TENNIS CLINIC REGISTRATION FORM

Registration form fields: PLAYER LAST NAME, PARENTS NAME, STREET ADDRESS, CITY, STATE and ZIP, E-MAIL, PLAYER FIRST NAME, HOME TEL., WORK/CELL, DOB, AGE, SCHOOL, GRADE.

Participating days selection: MON - WED - FRI - SAT. Clinic options: 4, 3, 2, or 1 day per week with corresponding costs (*COST: \$300, \$250, \$200, \$150).

*COST LISTED IS TOTAL PER MONTH

T-SHIRT SIZE PLEASE CIRCLE S M L XL XXL

* REGISTRATION FORM AND PAYMENT MUST BE SUBMITTED BY MONDAY APRIL 15TH

* TO PAY BY CREDIT CARD VIA PAYPAL, E-MAIL DENNIS@MESATENNISACADEMY.COM FOR AN INVOICE OR GO TO WWW.MESATENNISACADEMY.COM AND PAY THROUGH OUR SECURED 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 IMPAIREMENT 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, Staff, Membership ID #, Receipt #, Fee Paid.