



MTA
2009 – 2010
WAIVER FORM

I, _____ agree to the following terms and conditions:
(PRINT NAME)

I will remit tuition payment on or before the first week of each month. I agree to pay tuition for my player according to one of the programs listed in the MTA player packet. I understand that all extra clinics attended by my student(s) will be billed to me at the end of each month. I understand that there are no carry-overs of unused clinics and I forfeit any unused clinics. If my student misses a scheduled clinic day, I understand that he/she is allowed a make-up clinic before the session ends. If I am late paying for extra clinics or lessons taken by more than **15 days, I agree to pay a late fee of \$50** in addition to my balance for each period of 30 days it is late from the due date. I understand and comply with the terms of no refunds for any advance payment for clinic tuition or lesson tuition. I understand that a credit will be given to my student under extenuating circumstances according to the academy's discretion. I hereby authorize the staff of MESA TENNIS ACADEMY to act for me according to their best judgment in any medical emergency for my child when attending the academy. I also hereby waive and release MESA TENNIS ACADEMY and those contracted with the academy from any liability, whether it is physical or mental impairment procured during the student's participation in the academy's programs. I acknowledge and understand that MOUNTAIN VIEW HIGH SCHOOL, STAPLEY JUNIOR HIGH (and any other future sites of MESA TENNIS ACADEMY) are not affiliated with MESA TENNIS ACADEMY, nor are responsible for the actions and policies of MESA TENNIS ACADEMY and its affiliates. MESA TENNIS ACADEMY reserves the right to refuse service to anyone.

This waiver will apply to all future participation in MESA TENNIS ACADEMY and its programs.

With my signature, I verify that I have read, understood, and agree to the aforementioned terms and conditions

Parent/Guardian Signature _____ Date _____