



MID-PACIFIC INSTITUTE SUMMER SCHOOL 2010

2445 Kaala Street, Honolulu, HI 96822

TENNIS REGISTRATION FORM

(Payment and Medical Authorization Form must accompany Tennis Registration Form)

Student's current school _____ Current grade _____ Grade Fall 2010 _____

Student's Last name _____ First _____ Middle _____

Birth date _____ Age _____ Sex: M ___ F ___

Parent/Guardian's Full name _____ Relation to student _____

Mailing address: _____

_____ Email address _____

Daytime phone _____ Home phone _____ Other _____

Emergency contact during the summer (if different from above) _____

Relation to student _____ Telephone _____

Physician _____ Telephone _____

Health Insurance _____ Membership # _____

Non-MPI students must show proof of last TB clearance done in the United States (submit copy of Medical Form 14 or immunization/health card with registration form). Health insurance and tuberculosis clearance are required to attend classes at MPI. MPI reserves the right to cancel or make changes to any class.

PLEASE CHOOSE A PROGRAM:

PLEASE CHOOSE A CLASS:

JUMP START SESSIONS/FEES	HIGH PERFORMANCE SESSIONS/FEES	CLASS TIMES	PRIVATE LESSONS Ph. 973-5100
<input type="checkbox"/> June 1 – June 10 • 8 classes • No Tennis- June 11 • Fees: \$160 <input type="checkbox"/> June 14 – June 25 • 10 classes • Fees: \$200 <input type="checkbox"/> June 28 – July 9 • 9 classes • No Tennis- July 5 • Fees: \$180 <input type="checkbox"/> July 12 – July 23 • 10 classes • Fees: \$200	<input type="checkbox"/> June 1 – June 10 • 8 classes • No Tennis- June 11 • Fees: \$240 <input type="checkbox"/> June 14 – June 25 • 10 classes • Fees: \$300 <input type="checkbox"/> June 28 – July 9 • 9 classes • No Tennis- July 5 • Fees: \$270 <input type="checkbox"/> July 12 – July 23 • 10 classes • Fees: \$300	<p style="text-align: center;">---JUMP START---</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Circle Age: 5-10 or 11-17</div> <input type="checkbox"/> 9:00-10:00 <input type="checkbox"/> 10:00-11:00 <input type="checkbox"/> 12:30-1:30 <input type="checkbox"/> Beg or <input type="checkbox"/> Int Beg <p style="text-align: center;">---HIGH PERFORMANCE---</p> <input type="checkbox"/> 1:30-3:00/Ret. Intermediate <input type="checkbox"/> 3:00-4:30/Ret. JV <input type="checkbox"/> 4:30-6:00/Ret. Varsity <p style="text-align: center;">*All classes are scheduled Monday-Friday except on observed holidays</p>	<input type="checkbox"/> Yes, I am interested in signing my child up for private lessons when space becomes available. <input type="checkbox"/> No, I am not interested in signing my child up for private lessons.

Total payment enclosed \$ _____

AUTHORIZATION FOR MEDICAL CARE/SUMMER SCHOOL AGREEMENT

I hereby authorize Mid-Pacific Institute, its faculty and staff to take whatever deems necessary for the health and welfare of the student submitting this registration. This authorizes the school to admit the student to any hospital selected by the attending doctor. In the event of an accident/emergency, the student may be taken to the nearest doctor and/or hospital for treatment and care. I will be responsible for any bills incurred in this care and treatment. I agree to adhere to the policies/procedures outlined in the summer school catalog and I also agree that my child's photo may be used in school publications or on the school web site without further consideration.

PARENT'S OR LEGAL GUARDIAN'S SIGNATURE

DATE