

Advanced/High Performance

The Advanced Program is restricted and available for advanced tournament players only. For Advanced Program requirements please call or stop by the front office.

AM Session: Monday – Friday, 9 am – 12 noon
 \$85 per daily morning session
 Saturday, 10 am – 1 pm
 PM Session Monday – Friday, 2 pm – 5 pm
 \$75 per daily afternoon session
 All Day: \$140

High School Program

AM Session: Monday – Friday, 9 am – 12 noon
 \$85 per daily morning session
 Saturday, 10 am – 1 pm
 PM Session Monday – Friday, 2 pm – 5 pm
 \$75 per daily afternoon session

Intermediate and Novice Program

AM Session: Monday, Wednesday, Friday and Saturday, 9 am – 12 noon
 \$85 per daily morning session
 PM Session Monday – Friday, 2 pm – 5 pm
 \$75 per daily afternoon session

All Day Program available for Intermediate and Novice students with prior approval from Elson.
 Cost for all day: \$140

Beginners - 14 & Under

AM Session: Monday, Wednesday, Friday and Saturday - 9 am – 12 noon
 \$85 per daily morning session
 PM Session Monday – Friday, 2 pm – 5 pm
 \$75 per daily afternoon session

Pre-Novice & Quick Start - Ages 4 – 9

PM Session: Monday, Tuesday, Wednesday & Thursday, 4:00 pm – 5:30 pm
 \$40 per daily afternoon session
 AM Session Saturday, 9:00 am – 10:30 am
 \$40 each Saturday morning session

Summer Clinic Details:

- Reservation is guaranteed only after payment is made
- Reservation is on a first-come, first-serve basis
- All new and returning (not current) students are required to pay a one-time registration fee of \$50
- 5% off if payment is made before April 30st, 2016
- 5% off if player is enrolled for twelve or more sessions
- 5% off for second and third sibling
- No refunds
- Make-Ups must be taken during the 2017 Summer Session
- To obtain a Make-Up, you must call the front office **prior** to the scheduled session. Make-Ups do not carry over into the Fall training program
- Payment may be made by Cash, Check, Money Order, MasterCard, or Visa.

Complete the registration form on **both sides**, and return with payment to:
 MatchPoint Tennis Academy
 800 Cabrillo Park Drive
 Santa Ana, CA 92701

Name _____
 Age _____
 Male _____ Female _____
 Please check your player's program level:
 _____ Advanced _____ High School
 _____ Intermediate/Novice
 _____ Beginner _____ Pre-Novice/Quick

Please check the day and session (AM or PM) your player would like to attend. Reservations are required for all programs.		M O N D A Y	T U E S D A Y	W E D N E S D A Y	T H U R S D A Y	F R I D A Y	S A T U R D A Y
June 19 – 24	AM						
	PM						
June 26 – July 1	AM						
	PM						
July 3 – 8	AM						
No Clinic July 4	PM						
July 10 – 15	AM						
	PM						
No PM Clinic 7/12 – Beach	AM						
July 17 – 22	AM						
	PM						
July 24 – 29	AM						
	PM						
July 31 – Aug 5	AM						
	PM						
Aug 7 – 12	AM						
	PM						
Aug 14 – 19	AM						
	PM						
Aug 21 – 26	AM						
	PM						

NOTES:

**Match Point Tennis Academy
2017 Summer Registration**

Reservations are required for all programs
No "Drop-Ins"

*It is necessary for both sides of
this form to be completed*

Name _____

Parent's Name _____

Telephone (Home) _____

(Cell) _____

Address _____

E-mail: _____

Waiver of Liability:

I, _____ the undersigned do hereby release Match Point Tennis Academy and the City of Santa Ana in which I have enrolled my child (ren), and all its officers, employees and independent contractors, acting within the scope of this employment, of any liability for damages arising from any personal property loss or any bodily injury received by me or any children while participating in the said facility services, program or classes.

Parent Signature _____ Date _____

Photo Release:

I, the undersigned, hereby grant and forever release unto Match Point Tennis Academy permission to take photographs of my child(ren) and all my rights, title and interest in and to all photographs, negatives and prints taken by them and also the right to publish, display, copyright and use them in all Match Point Tennis Academy or the City of Santa Ana advertising publications and other advertising publications and other advertising media without limitation, either with or without their name or identification and use the photographs or any part of them, alone or in composition with other reproductions of any kind. I, the undersigned, parent or guardian of the child (ren) hereby consents to the foregoing.

Parent Signature _____ Date _____

Permission for Medical Treatment:

In case of an accident or an emergency, I authorize a guardian or EMT to take my child to the nearest emergency hospital for such treatment and measures, at my expense, that are deemed necessary for the safety and protection of the child.

Parent Signature _____ Date _____



- **Junior Programs (all levels)**
- **Private Lessons**
- **Court and Ball Machine Rentals**
- **League Play**
- **Weekend Match Play**
- **Club Memberships**

The Cabrillo Tennis Center
800 Cabrillo Park Drive
Santa Ana, CA 92701
714-541-0503
FAX 714-541-2716
matchpointtennisacademy.com

**SUMMER 2017
Junior Tennis Clinics
June 19th – August 26th**

**Reservations Required For All Programs*

**Directed by
Elson De Cantuaria**

Located at the



Cabrillo Tennis Center
800 Cabrillo Park Drive
Santa Ana, CA 92701

(714) 541-0503