



# TYPA Summer Tennis 2026 Registration Form

 <b>1</b>	<b>MAR. 23</b> <b>APR. 7</b>	<b>Tiger Tots / TAS Families</b> <b>All Other Members</b> Get a "Q-up Number" from "My TYPA" 10:00 am-1:00 pm	 <b>2</b>	<b>MAR. 24-27</b> <b>APR. 8</b>	<b>Tiger Tots / TAS Families</b> <b>All Other Members</b> Come to the TYPA office according to the Date & Time
---	---------------------------------	---	--	------------------------------------	--

Name: \_\_\_\_\_ TYPA Family ID #: \_\_\_\_\_ Grade (in fall): \_\_\_\_\_

Phone Number: \_\_\_\_\_ School: \_\_\_\_\_

Ages (Grades)	K - 12
Time (Mon- Fri)	9:00am - 5:00pm
Cost	Private: \$850 / 30 minutes      Semi-Private: \$600 / 30 minutes
Dates	Provide your preferred date & time
6/08 - 6/12 Week 1	
6/15 - 6/18 Week 2	
6/22 - 6/26 Week 3	
6/29 - 7/03 Week 4	
7/06 - 7/10 Week 5	
7/13 - 7/17 Week 6	
7/20 - 7/24 Week 7	
7/27 - 7/31 Week 8	

\* **A Medical History Form** must be completed at the time of registration if the participant has any special conditions such as allergies and other medical issues TYPA should be aware of.

## TYPA Summer Program Policy:

TYPA carries liability insurance for all participants only on TAS and Tiger Tots Place campuses where TYPA activities are held. TYPA does **not** carry personal medical and accident insurance which is deemed to be a personal family responsibility. In case of accident, parents will be notified immediately using the contact information on file in the TYPA office and hereby grant permission to have the participant taken to the TAS Nurse's office, Taipei Veterans General Hospital or another nearby accredited hospital or clinic for emergency treatment. Recognizing that despite the best efforts of TYPA to ensure the safety of the named member, accidents may occur and the participants may need first aid or medical treatment, including the services of the above TAS nursing staff, we the undersigned do hereby waive, and agree to waive, any and all claims we may have against TYPA, TAS, their officers, employees, directors and representatives arising from, or in connection with, any TYPA activity and any injury and/or treatment therefrom. **We agree that our Child's opportunity to attend the TYPA activities is contingent at all times upon the Child and all other members of our family honoring the standards for civility, courtesy, and respect toward other students, faculty, and staff as embodied in the TYPA's values of honesty, respect, responsibility, kindness and courage, in all cases as determined by TYPA in its sole discretion.**

**Cancellation policy:** A \$1,000 processing fee will be charged for each withdrawn.

No refunds or credits will be given after May 29th.

*I hereby acknowledge that I have read and understood the above TYPA Summer Program policies and I agree to all terms and conditions.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_