



Weekly Registration Packet

Boarding/Non-Boarding

General Information

Arrival / Departure

Registration is held at the front desk of the Evert Tennis Academy for non-boarders. Boarders will register at the Student Services desk located on the first floor of the dormitory. All students are required to check-in upon arrival.

Boarding Check-In Time:

Sunday after 3:00 p.m.

Upon check-in at the Evert Tennis Academy, each student is assigned a room. Plane tickets, passport, and important documents must be handed in for safe-keeping during the student's stay. A daily schedule will be given to each student at check-in. Orientation for students is held after dinner on Sunday evening. All rules and regulations are covered and student's questions are answered (includes six days of room and board and 5 1/2 days of tennis).

Non-Boarding Check-In Time:

Monday before 8:30 a.m.

A daily schedule will be given to each student at check-in, at the main reception desk in the clubhouse (includes five days of tennis Monday-Friday).

Boarding Check-Out Time:

Saturday after 12:00 p.m.

There will be an optional tennis program Saturday morning followed by check-out. During holiday weeks, hours of instruction may vary. All students must check out of the Evert Tennis Academy Saturday by 1:00 p.m., unless they are continuing into the following week's program.

Non-Boarding Check-Out Time:

Friday, end of program

Transportation to ETA

By Car

From I-95: Travel on I-95 to exit 45 (Glades Road). Travel west on Glades Road for approximately 6 miles to SR 7/US441. Go through US441 and make the second left onto Diego Drive East. The Evert Tennis Academy entrance is on the left about 1/4 mile.

From the Florida Turnpike: Travel on the turnpike to Glades Road. Travel west on Glades Road for approximately 2 miles to SR 7/US441. Go through US441 and make the second left onto Diego Drive East. The Evert Tennis Academy entrance is on the left about 1/4 mile. Please note the Florida Turnpike is a toll road.

By Air:

Shuttle service is available for our customers from Miami International Airport, Ft. Lauderdale/Hollywood International Airport and Palm Beach International Airport (West Palm Beach). Please let us know of all travel arrangements at least 48 hours in advance of arrival. If student is traveling as an unaccompanied minor, please notify us in advance. A fee of \$50 - \$100 each way will be charged for airport transportation.

In order for the ETA staff to be responsive to your travel needs, it is imperative we are notified 24 hours IN ADVANCE of your child's travel plans. PLEASE NOTIFY US IMMEDIATELY OF ANY CHANGES.



EVERT TENNIS ACADEMY
10334 DIEGO DRIVE SOUTH
BOCA RATON, FLORIDA 33428
PHONE: 561-488-2001 • 1-800 41(SERVE)
WWW.EVERTACADEMY.COM • EMAIL: EVERT@IMGWORLD.COM
FAX: (561) 488-2055

General Information

Parking:

Boarding students are not permitted to have a vehicle on site while enrolled in any of our boarding programs.

Suggested Items to Bring:

The items below are based on a one-week stay at the Academy. Students staying multiple weeks will need to adjust this list to accommodate their stay. PLEASE MARK ALL CLOTHING AND EQUIPMENT WITH THE STUDENTS NAME. The Evert Tennis Academy is not responsible for any lost or stolen articles or clothing. We recommend not bringing any expensive or unnecessary items.

8-10 pairs of shorts / skirts	running shoes	sunscreen/lotion
8-10 pairs of socks	swimsuit	personal toiletries
8-10 pairs shirts / tops	beach towel/bath towel	lock
laundry bag	alarm clock	twin-size flat and fitted sheets
pillow case	light weight jacket	stamps/writing material
water jug	phone card for long distance	

Note: Formal dress is not needed. Any after-sports activities scheduled would require casual dress only.

Spending Money:

A personal account may be opened for each student with cash, check or a credit card payment. If a credit card is used, "Transportation / Student Bank Form" must be completed. Based on past history, an amount of approximately \$100 per week is adequate for personal spending. Additional money may be deposited at any time. Withdrawals from the account may be done during posted hours. The Evert Tennis Academy is not responsible for any money that is not deposited in a student's personal account. Prior to departure student may withdraw all money remaining in account. If the student fails to withdraw funds, a check will be sent to the student's home address.

Accommodations:

Boarding Students are housed in our on-site dormitory. Each dormitory room can accommodate up to 4 students, and there is a private bathroom between each pair of rooms. Each room is air-conditioned and has 3 phone lines and is wired for cable. We do not provide TV's or refrigerators. The dormitory offers a common living room, work-out room, cafeteria, and a laundry room.

Laundry and Linens:

Self-service laundry facilities are available in our dorm laundry room. Washers cost 50 cents and dryers \$1 per cycle. Supplies are available for purchase in the laundry room, and a coin-changer is provided. Each student is required to bring twin sized flat and fitted sheets, pillowcase and towels. A pillow, blanket and mattress pad is provided. All items brought to Evert Tennis Academy should be marked with an indelible pen.

Pro Shop:

A pro shop is located on the first floor of the clubhouse for the convenience of our students. Students are allowed to charge Pro Shop purchases to their personal account if one has been established. Otherwise, cash and all major credit cards are accepted.

Additional Activities:

All additional activities are supervised and may include trips to the beach, mall, theaters, ballgames, and theme parks. The cost of these activities and any related transportation expenses are in addition to the camp fee. The fees for additional activities are deducted from the student's personal account, or paid by cash prior to departure.

Insurance:

The camp fees do not include any provisions for personal, medical or property insurance. It is mandatory that each student provide proof of health insurance. The Student Health Form, Consent for Treatment and Insurance Information forms are mandatory and must be received by the Evert Tennis Academy prior to the participation in any tennis program.



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General Information

Mail:

Personal mail and packages may be sent to students at the following address:

(Student's Name)
C/O Evert Tennis Academy
10334 Diego Drive South
Boca Raton, FL 33428

Students can pick up and drop off mail at the front desk during posted hours of operation. It is suggested students bring their own stamps and writing material, however some items are available for sale.

Fax:

Students can receive faxes at the following number: (561) 488-2055.

Phones:

There are phones available in each dormitory room for the student's use. It is recommended students call home upon arrival, and notify their family of their room and phone number. Students can generally be reached in their rooms between 6:00 p.m. and 10:00 p.m. each evening. Long distance and international calls can be placed directly from the room provided the student uses a phone card, credit card or calls collect. **IN THE EVENT OF EMERGENCY, PLEASE CALL THE EVERT TENNIS ACADEMY SWITCHBOARD - (561) 488-2001.** (After hours, a call can be made to the Evert Academy dormitory desk at (561) 869-3440, who will contact your son/daughter and assist them in contacting you immediately.)

Wiring instructions:

For wire transfer information please contact our business manager Doug Dressel at ddressel@imgworld.com

Please be sure that the student's name is on the wire!

- When sending payments by wire, please specify the breakdown between tuition payments and personal spending account funds.
- Processing fees incurred during the transfer of monies as they clear through all banking channels are paid by the sender.
- The amount of the credit to your account by the Evert Tennis Academy is the exact dollar amount received from the bank.

TUITION WEEKLY/CAMP/HOLIDAYS

Program	Boarding	Non-Boarding
Developmental	\$1795	\$1395
Full Day	\$1395	\$995
Half Day/A.M.	Jun.-Aug. (8:45-12:00)	\$695

FULL-TIME

Full Time Boarding and Non-Boarding Program prices (Full Day and Developmental) are available on request.
Call 561.488.2001

ALL PRICES SUBJECT TO CHANGE

IMPORTANT NOTICE TO PARENTS:

All enclosures must be filled out completely and returned to Evert Tennis Academy prior to arrival.

NO STUDENT WILL BE ALLOWED TO PARTICIPATE IN ANY PART OF A TENNIS PROGRAM IF ALL FORMS ARE NOT COMPLETED. THERE WILL BE NO CREDIT OR REFUND GIVEN FOR THE AMOUNT OF TIME MISSED FOR INCOMPLETED FORMS.

We have provided a medical form for your use, however a copy of any medical form which contains the required information, and is signed by a certified physician is acceptable, provided it is not more than 1 year old at the time of the reservation.



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Weekly Registration Form

(Complete & Return)

Participant's Name: _____
Last Name First Name Middle Initial

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone #: (_____) _____ Work Phone #: (_____) _____
(Please include Country and City Codes) (Please include Country and City Codes)

Cell Phone #: (_____) _____

Fax Number #: (_____) _____ Parent Email Address: _____
(Please include Country and City Codes) (Please Print)

Source/Representative: _____ Parents Name: _____

Male Female Adult Junior (Birthdate: _____ Age: _____)

Arrival Date: _____ Departure Date: _____

Junior Programs

Boarding (18 and under) Non-Boarding Roommate Request: _____

Weekly/Holiday sessions (Jan.-May /Sept.-Dec.)

developmental* all-day AM PM other _____

Summer Camp

developmental* all-day AM

*the developmental program includes 1:1 instruction—inquire for more information

Note: we run Holiday programs throughout the whole year, please refer to our flyers or website for specific dates and schedule

Special Instructions/Requests

Participant or
Parent/Guardian's Signature: _____ Date: _____



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Weekly Registration Form

(Continued)

Payment

Note: All payments must be made to Evert Tennis Academy:
Regardless of payment method, we require a credit card on file.

Visa MasterCard American Express Diner's Club Discover

Credit Card #: _____ Expiration Date: _____

Exact name on card: _____ Signature of Card Holder: _____

Credit Card Amount: _____ Date to be charged: _____

Check (US bank only) Amount: _____ Date to be charged: _____

Wire Transfer Amount: _____ Date to be transferred: _____
(include \$25 bank fee)

Use credit card on file to charge: Items in the pro shop Private lessons Call before charging

Terms and Policies

- A minimum of 1 week's tuition payment is required to be paid by the time of reservation to guarantee your stay.
- All balances must be paid in full at least 30 days prior to arrival.
- You acknowledge and agree to assume and be fully responsible for any and all property or other damage to the room or any other facilities used at ETA.
- Weekly and mini-week rates will not be pro-rated daily.
- ETA is not responsible for lost or stolen articles or money. DO NOT bring valuable items.
- The credit card number on file will be charged for any unpaid balances, damages, extension fees and/or expenses incurred during the stay.
- Prices subject to change without notice.

Cancellation Policy

- All cancellations must be submitted in writing to ETA.
- A refund less a 10% service charge based on the total fees due will be given for cancellations received by ETA at least 4 weeks in advance. Alternatively, the full amount paid may be credited toward a future reservation. This credit on file will be held for 12 months from the date of cancellation.
- Cancellations received less than 4 weeks in advance, but at least 7 days before the scheduled arrival will receive a refund less a 25% service charge based on the total fees due. Alternatively, the full amount paid may be credited toward a future reservation. This credit on file will be held for 12 months from the date of cancellation.
- Cancellations received less than seven days before scheduled arrival or after scheduled arrival date, will result in forfeiture of all fees.
- Cancellations due to medical reasons will be handled on an individual basis depending upon circumstances involved.
- I certify that I am the guest/Participant and/or the parent of the guest/Participant and agree to these terms and policies as evidenced by my signature below.

Arbitration

If a dispute arises under this agreement that cannot first be resolved through good faith negotiation, the dispute will be submitted to arbitration and resolved by a single arbitrator (who will be a lawyer) in accordance with the Commercial Arbitration Rules of the American Arbitration Association then in effect as modified by this paragraph. All such arbitration will be confidential and take place at the office of the American Arbitration Association located nearest to Boca Raton, Florida. The award or decision rendered by the arbitrator will be final, binding and conclusive and judgment may be entered upon such award by any court. The arbitrator has no authority to award attorneys fees. If a conflict arises between this document and any other document binding both parties on the same matter, the provisions of this document shall apply.

Participant or
Parent/Guardian's Signature: _____

Date: _____



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Consent for Treatment

NO STUDENT WILL BE ALLOWED TO REGISTER WITHOUT THE CONSENT FOR TREATMENT AND STUDENT HEALTH FORMS BEING FULLY COMPLETED AND SIGNED.

This is to certify that the administrative staff of the Evert Tennis Academy is being given authority by me,

_____ of _____,
(Name of Parent or Guardian) (Name of Child)

to act on my behalf for any medical care, treatment (including immunizations), and prescriptions reasonably necessary or medically advisable to maintain the life, health, and well-being of my child. This includes, but is not limited to, first aid, prevention and care of injuries, follow-up care, and the taking of over-the-counter prescriptions that are approved by a physician even when the child is not seen by a physician. This consent for treatment extends to the signing and completion of: (1) legal authorization for treatment; (2) consultations; (3) emergency examinations; (4) consent for hospitalization; (5) anesthesia; (6) dental care; and (7) treatment or surgery that may be deemed necessary by appropriate medical personnel.

Child's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone #: (_____) _____ Work Phone #: (_____) _____
(Please include Country and City Codes) (Please include Country and City Codes)

Fax Number #: (_____) _____ Email Address: _____
(Please include Country and City Codes)

Parent's Signature (required) _____ Date: _____

Insurance Information

*Note: In most instances, medical fees will be charged to your credit card

Insurance Company: _____ Group or Policy #: _____

Name of Insured: _____ Relationship to Participant: _____

Insurance Company Address: _____

Personal Medical Information

Please list below any specific medical information (i.e. allergic reaction to certain drugs, medications) that a physician should be aware of when treating your child.

If child is currently on medication, please list details on Student Health Form. Students will be required to discuss all medication usage with Health Services, to determine their schedule and their medication needs will be reviewed.

Credit Card Information

I hereby authorize the use of my credit card without prior approval to cover medical expenses.

Visa MasterCard American Express Diner's Club Discover

Credit Card #: _____ Exact Name on Card: _____

Expiration Date: _____ Signature of Card Holder: _____



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Student Health Form

Florida State Law requires that all students attending the Evert Tennis Academy have a physical exam prior to attendance. This physical exam can be no more than 1 YEAR OLD. **PLEASE HAVE YOUR PHYSICIAN COMPLETE THIS FORM**

Parent or Guardian Name: _____

IF PARENT WILL BE TRAVELING WHILE THE STUDENT IS ATTENDING ETA, PLEASE COMPLETE:

Travel location: _____ Telephone number _____
(Please include Country and City Codes)

Student's Name: _____ Date of birth: _____

Today's Date: _____ Age: _____ General appearance: _____

Height: _____ Weight: _____ Male / Female (circle one)

IMMUNIZATION HISTORY: Enter **dates** of immunizations (Month/Year).

Vaccine	DOE Code	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DtaP/DTP	A					
DT	B					
Td	C				(Booster)	
Polio	D					
HIB	E					
*MMR(combined)	F					
(separate)	G,H,I	(measles 1)	(measles 2)	(munps)	(rubella)	
Hepatitis B	J					

*Two (2) measles immunizations are required by the State of Florida

GENERAL QUESTIONS (Explain "yes" answers below.)

Has/does the Student:

- | | | | | | |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| | Yes | No | | Yes | No |
| 1. Had any recent injury, illness or infectious disease? | <input type="checkbox"/> | <input type="checkbox"/> | 16. Ever had back problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have a chronic or recurring illness/condition? | <input type="checkbox"/> | <input type="checkbox"/> | 17. Ever had problems with joints (e.g. knees , ankles)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ever been hospitalized? | <input type="checkbox"/> | <input type="checkbox"/> | 18. Have an orthodontic appliance being brought to academy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 19. Have any skin problem (e.g. itching, rash, acne)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have frequent headaches? | <input type="checkbox"/> | <input type="checkbox"/> | 20. Have diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ever had a head injury? | <input type="checkbox"/> | <input type="checkbox"/> | 21. Have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Even been knocked unconscious ? | <input type="checkbox"/> | <input type="checkbox"/> | 22. Had mononucleosis in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Wear glasses, contacts or protective eye wear? | <input type="checkbox"/> | <input type="checkbox"/> | 23. Had problems with diarrhea/constipation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Ever had frequent ear infections? | <input type="checkbox"/> | <input type="checkbox"/> | 24. Have problems with sleepwalking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 25. If female, have any abnormal menstrual history? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 26. Ever had an eating disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Ever had seizures? | <input type="checkbox"/> | <input type="checkbox"/> | 27. Ever had emotional difficulties for which professional help was sought? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 28. Ever tested positive for HIV or AIDS? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Ever had high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> | 29. Ever taken illegal drugs of any kind, even once? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Ever been diagnosed with a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Please explain any "yes" answers, noting the number of the questions.



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Student Health Form

Please list below any operation or injuries: _____

Please list any allergies we should be aware of (medications, foods, or other --such as bee stings): _____

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time to complete physicians prescription. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis OR This person takes medications as follows:

Med # 1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med # 2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

I have examined this child and believe that he/she is physically able to participate in all activities except:

Name of Examiner

Signature of Examiner

Date



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Junior Waiver

I, _____ (print name), a minor ("Minor"), and I _____ (print names) the parents or legal guardians of Minor, all of whom are referred to as "I", desire to enroll Minor in a sport program or use the facilities and services at IMG Academies ("Academies"). In exchange for the opportunity to participate in the sport program and other physical fitness, educational, and social activities and/or to use Academies' facilities and services, I agree not to sue or bring any legal action against Evert Tennis Academy, L.L.C. and their affiliated companies ("ETA"), employees, instructors or their successors and assigns for all loss, damage or injury (including death) that I (or our family) may experience in connection with my activities or attendance at ETA, even if caused by a third party, other students, or ETA.

I understand that Minor's use of the facilities and services, participation in a sport program, and/or related activities, involves dangerous conditions and risks of bodily injury (broken bones, for example) and risks to property (stolen or damaged equipment, for example). I also understand that certain sport and social activities can involve travel away from ETA and that all travel involves certain risks (accidents, for example). I assume full responsibility for these conditions and assume the risks no matter how the conditions and risks arise, including the acts or omissions and/or negligence of outside third parties, other students, or ETA and its affiliated companies, employees or instructors. I waive notice from ETA that specifically outlines these dangerous conditions and risks.

I consent to all videotaping and photographing of Minor while on ETA property and participating in activities at ETA. I agree that ETA and its affiliated companies can use these images at any time and in any manner without payment to Minor and without Minor's approval.

I agree to be personally responsible for, and hold ETA harmless from, all costs (including amounts recovered from ETA) related to any legal action brought against ETA, its employees, instructors, staff or their successors and assigns for loss, damage or injury (including death) to any person, entity or property caused by Minor, in any way, while at Academies or while traveling.

If a dispute arises under this agreement that cannot first be resolved through good faith negotiation, the dispute will be submitted to arbitration and resolved by a single arbitrator (who will be a lawyer) in accordance with the Commercial Arbitration Rules of the American Arbitration Association then in effect as modified by this paragraph. All such arbitration will be confidential and take place at the office of the American Arbitration Association located nearest to Boca Raton, Florida. The decision rendered by the arbitrator will be in writing, final, binding and conclusive and judgment may be entered upon such decision by any court. The arbitrator has no authority to award attorneys fees.

I have carefully read this agreement and understand each provision. I also understand that this waiver is binding upon Minor and Minor's family members, heirs, and representatives. I, in front of the witness named below, freely signed this agreement on _____ (date signed).

By: _____

Signature of Participant

Witnessed by

Print Name: _____

By: _____

Signature of Parent/Legal Guardian

Witnessed by

Print Name: _____



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Transportation / Student Bank

Student's Name: _____

Arrival Date: _____ Departure Date: _____

ARRIVAL AND DEPARTURE INFORMATION

Airport Pick-up Required? Yes No

Arrival Location: _____ Time: _____ Airline Name: _____ Flight #: _____

Departure Location: _____ Time: _____ Airline Name: _____ Flight #: _____

Traveling as unaccompanied minor? (Ages 8-15 only) Yes No

Shuttle service is available for our customers from the Miami International Airport, Ft. Lauderdale/Hollywood International Airport and Palm Beach International Airport (West Palm Beach). A fee of \$50-\$100 each way will be charged for airport transportation. If a student is traveling as an unaccompanied minor, please notify us in advance. We should receive your travel information as soon as possible, but no later than one week prior to arrival. If last minute changes are made to your travel plans, please contact us at 561-488.2001.

OFF CAMPUS ACTIVITIES

My child has permission to participate in all campus/off-campus supervised activities. My child does not have permission to participate in all campus/off-campus supervised activities.

STUDENT FUNDS

Each student is required to have a credit card number on file regardless of method of payment. This card will be used to pay for the following items.

Personal Spending Account - As a service to our campers, we offer a personal spending "bank" account. Money may be deposited in this account by cash, check (drawn on a US Bank), credit card (5% service charge) or money order. Students may withdraw money on a daily basis (during posted bank hours) from this account, allowing them to carry only the money they need. If this account becomes negative, your credit including service charges will be charged. Note: IMG Academies is not responsible for any monies not deposited into this account. **I authorize Evert Tennis Academy to charge my credit card US \$ _____, to be deposited into my child's personal spending account upon his/her arrival at Evert Tennis Academy. I know that there is a non-refundable 5% service charge on all cash advance transactions.**

Pro Shop - Money may be deducted from the student's personal spending account for purchases in the Pro Shop. Any purchases made through the Pro Shop and not paid for with cash or travelers checks will automatically be charged to your credit card. **IT IS THE PARENTS RESPONSIBILITY - NOT EVERT TENNIS ACADEMY TO INFORM YOUR CHILD OF THE METHOD OF PAYMENT (i.e., Personal Spending Account or Credit Card on file) TO BE USED IN THE PRO SHOP.** The Pro Shop will NOT refund money on the basis of excess charges.

Damage Policy - Campers who damage camp property will be held accountable for damage done. The staff will inspect the property on a daily basis. If damage is noted and the staff is unable to determine whom, or what has caused the damage, a charge will be levied on the entire room and split proportionately between the occupants. This amount will be charged to the credit card on file.

Medical - In the event your child does not have the sufficient funds in his/her personal account, your credit card will be used as payment for any necessary medical treatment needed. (See Consent for Treatment Form.)

Tuition / Extension of Stay - Your credit will be used in the event that your child wishes to extend their stay and does not possess another form of payment at the time of reservation.

Private Lessons - Your credit card will be charged if your child requests private lessons and does not possess another form of payment at the time of the lesson reservation.

Balances Due - ANY BALANCES REMAINING AT THE TIME OF YOUR CHILD'S DEPARTURE WILL AUTOMATICALLY BE CHARGED TO YOUR CREDIT CARD.

Visa MasterCard American Express Diner's Club Discover

Credit Card #: _____ Expiration Date: _____

Exact Name on Card: _____ Signature of Card Holder: _____



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**Evert Tennis Academy
Minor Child Idemnification Provision**

Student's Name: _____

Address: _____

Date of Birth: _____ - _____ - _____ Local Phone # _____

Parent or Legal Guardian: _____

Emergency Contact Name and Phone#: _____

For the Period of: _____ Through: _____

**ASSUMPTION OF RISK FOR PARTICIPATION
FITNESS AND RECREATIONAL ACTIVITIES:**

I, the undersigned, realize that participation in any activity involves risks of injury and or abnormal responses, including but not limited to soft tissue or muscle strains/sprains, heat stress, head and spine and related musculoskeletal trauma, abnormal blood pressure, fainting, chest discomfort, heart attack, or even death. I also recognize that there are many other risks of injury, including serious disabling injuries, that may arise due to participation in any activity and that it is not possible to specifically list each and every individual injury risk. However, knowing the material risks and knowing and reasonably anticipating that other injuries and even death are a possibility, on behalf of the minor child listed above, I hereby assume all the delineated risks of injury, all other possible risk of injury, and even risk of death, which could occur, by reason of my minor child's participation.

I had the opportunity to ask questions and obtain legal counsel. Any questions I expressly have asked have been answered to my satisfaction. I understand the risks of my participation in any activity, and knowing and appreciating these risks, I voluntarily choose to allow my minor child to participate, assuming all risks of injury or even death due to my participation.

As parent and/or legal guardian of the minor child listed above, I have read the governing Documents and the Rules and Regulations of Mission Bay Community Association and understand that disregard for same may result in termination of privileges.

SIGNATURE / DATE

SIGNATURE OF PARENT OR GUARDIAN / DATE

STATE OF _____

COUNTY OF _____

I HEREBY CERTIFY the foregoing instrument was acknowledged before me this _____ day of _____

, 20____. They are personally known to me or have produced _____

as identification, # _____.

NOTARY STAMP

NOTARY PUBLIC

