

# HOLIDAY & SPRING BREAK CAMP 2015/2016 REGISTRATION PACKET



## WELCOME!

Welcome to Evert Tennis Academy! We know you have many options when it comes to your child's tennis and we want to thank you for choosing ETA. We hope you enjoy your experience at ETA and we encourage any and all feedback. Please feel free to contact us at 561-488-2001 or 1-800-41SERVE.

Questions Regarding Forms and Billing, please contact:

Ann Westervelt  
Sales Coordinator  
Phone: 561-488-2001 or 1-800-41SERVE  
Fax: 561-488-2055  
E-mail: [Ann.Westervelt@img.com](mailto:Ann.Westervelt@img.com)

### Registration Information

- Please send all forms to Ann Westervelt
  - Via Scan & E-mail or Fax
- Non-Boarders - Complete pages 5-10
- Boarders - Complete pages 5-12

| Dates  | Developmental        | Full Day           | Half Day (AM Only) |
|--|----------------------|--------------------|--------------------|
| <b>Thanksgiving Week</b><br>Boarding - Nov. 22-28, 2015<br>Non-Boarding - Nov. 23-27, 2015   | \$ 1,695<br>\$ 1,295 | \$ 1,295<br>\$ 895 | N/A<br>\$ 695      |
| <b>Holiday Camp 1</b><br>Non-Boarding - Dec. 21-24, 2015 (3 ½ Days)<br><i>*The ½ Day is Christmas Eve Day. Program will end at 12:00PM</i> | \$ 1,095             | \$ 695             | \$ 495             |
| <b>Holiday Camp 2</b><br>Non-Boarding - Dec. 28-31 (3 ½ Days)<br><i>*The ½ Day is New Year's Eve Day. Program will end at 12:00PM</i>      | \$ 1,095             | \$ 695             | \$ 495             |
| <b>Spring Break Week</b><br>Boarding - Mar. 20-26, 2016<br>Non-Boarding - Mar. 21-25, 2016   | \$ 1,795<br>\$ 1,395 | \$ 1,395<br>\$ 995 | N/A<br>\$ 695      |

*\*Spring Break Camp Participants in February, March & April - excluding March 20<sup>th</sup>-26<sup>th</sup> will fit into our Full-Time Hours.*

### Daily Schedule - (Monday-Friday)

If your child is registered for the **Full Day Program**, they will begin their program at 9:00AM. For Non-Boarders check-in is on the first day (Monday) - arrive before 8:45AM. Boarders check-in on Sunday after 3:00PM.

9:00AM-9:15AM - Warm-Up  
9:15AM-10:15AM - Group Tennis - 4:1 Ratio  
10:15AM-11:15AM - Group Tennis - 4:1 Ratio (or Developmental)  
11:15AM-12:00PM - Mental Conditioning or Strength & Conditioning  
12:00PM-1:00PM - Lunch  
1:15PM-1:30PM - Warm-Up  
1:30PM-3:30PM - Match Play  
3:30PM - Pick-Up

If your child is registered for the **Developmental Program**, they may start as early as 7:00AM or 7:45AM.

An ETA Staff Member will contact you via e-mail and phone call the Friday before your Registration date to inform you of your start time.

**Some evening activities will be available for boarding students.**



EVERT TENNIS ACADEMY  
10334 DIEGO DRIVE SOUTH  
BOCA RATON, FLORIDA 33428

PHONE: 561-488-2001 1-800 41(SERVE)  
FAX: 561-488-2055  
WWW.EVERTACADEMY.COM

## Transportation

### **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:**

Transportation is available for **a base fee of \$75 each way for Ft. Lauderdale/Hollywood International Airport** and **Palm Beach International Airport (West Palm Beach)**. **A base fee of \$115 each way for our customers flying from Miami International Airport**. Fees are subject to change without notice. There may be additional cost for waiting (delay of flight), walk-in etc. **In order for the ETA staff to be responsive to your travel needs, it is imperative we are notified 48 hours IN ADVANCE of your child's travel plans. Please see page 11 for more information.**

**\*If student is traveling as an unaccompanied minor, please notify us in advance (an additional fee will be charged).**

**PLEASE NOTIFY US IMMEDIATELY OF ANY CHANGES!**

# Boarding Information

## For all questions regarding Boarding please call:

Tina Dale  
Director Student Services  
Evert Tennis Academy  
E-mail: [Tina.Dale@img.com](mailto:Tina.Dale@img.com)  
Direct Line: 561-869-3412  
Fax: 561- 488-2055

### **MUST BRING:**

Twin Sheets, Towels, Pillowcase – The Academy DOES NOT provide these items. Or upon arrival the Academy will take the student to a nearby Department Store so the student can purchase sheets, towels and a pillowcase.

### **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 item.

- |                                 |                       |                           |
|---------------------------------|-----------------------|---------------------------|
| ✓ 8-10 pairs of shorts / skirts | ✓ personal toiletries | ✓ alarm clock             |
| ✓ running shoes                 | ✓ 8-10 shirts / tops  | ✓ light weight jacket     |
| ✓ sunscreen/lotion              | ✓ beach towel         | ✓ stamps/writing material |
| ✓ 8-10 pairs of socks           | ✓ lock                | ✓ water jug               |
| ✓ Swimsuit                      | ✓ laundry bag         |                           |

**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 \$125 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, has phone lines and is wired for cable and internet. 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. 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 parent's credit card if it is approved. Otherwise cash is required.**

# Boarding Information

(Continued)

## Activities:

All 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 weekly fee. The fees for additional activities are deducted from the student's personal account.

## 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 **30 days** in advance by the Evert Tennis Academy prior to the participation in any tennis program.

## 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 Switchboard 561-488-2001 which will prompt you with an extension to dial. If your call is not answered, please leave a message and someone will call you back as soon as possible.)

## Wiring instructions:

**For wire transfer information please contact our business manager Doug Dressel at [Doug.Dressel@img.com](mailto:Doug.Dressel@img.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.

## **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.



# Registration Form

(Continued)

## Payment

**Note: Regardless of payment method, we require a credit card on file. \*The first week of camp will be charged immediately as a deposit. The remaining balanced will be charged 30 days prior to arrival date.**

Visa     MasterCard     American Express     Diner's Club     Discover

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Exact Name on Card: \_\_\_\_\_ Signature of Card Holder: \_\_\_\_\_

## Terms and Policies

- 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.
- 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.

Credit Card                      Amount: \_\_\_\_\_

Check (US bank only)              Amount: \_\_\_\_\_

Wire Transfer                      Amount: \_\_\_\_\_

(Include \$25 bank fee)

**Use credit card on file to charge:**

I give my child permission to charge items in the Pro Shop and charge my credit card.

I give my child permission to take Private Lessons and charge my credit card.

**A minimum of 1 week's tuition payment is required at the time of reservation to guarantee your stay.**

## Cancellation Policy

- Weekly and mini-week rates will not be pro-rated daily.
- 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.

## Weather Policy

- There are no refunds for rain days. In the event of rain, ETA still conducts classroom, video, mental, and fitness instruction indoors.

## 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. By signing, I acknowledge that I have read the registration forms, terms and polices.

Participant or Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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# Consent for Treatment

## **NO STUDENT WILL BE ALLOWED TO PARTICIPATE 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)

**Parent's Signature (required)** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Insurance Policy

\*Note: In most instances, medical fees will be charges 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

## **REQUIRED 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 #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Exact Name on Card: \_\_\_\_\_ Signature of Card Holder: \_\_\_\_\_



# 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 must be no more than 1 YEAR OLD. PLEASE HAVE YOUR PHYSICIAN COMPLETE THIS FORM or if you have a similar form of your own that has been completed by a Physician.**

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) | (mumps) | (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 a back problem?  | <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 them questions. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**Student Health Form**  
(Continued)

Please list below any operations 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



# Junior Waiver

I, \_\_\_\_\_ (Print Student's Name), a minor ("Minor"), and I \_\_\_\_\_ (Print Name of Parent/Legal Guardian) 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 Evert Tennis Academy (ETA). In exchange for the opportunity to participate in the sport program and other physical fitness, educational, and social activities and/or to use ETA's facilities and services, I agree not to sue or bring any legal action against Evert Tennis Academy, L.L.C. and their affiliated companies, 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)**.

Print Name of Parent/Legal Guardian: \_\_\_\_\_ Signature of Parent/Legal Guardian: \_\_\_\_\_

Print Name of Participant/Student: \_\_\_\_\_ Signature of Participant/Student: \_\_\_\_\_

Witnessed by Print Name: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_



# Transportation/Student Bank

\*Boorders Only\*

Student's Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

## **ARRIVAL AND DEPARTURE INFORMATION – Do NOT Fill in unless transportation is needed.**

Arrival Location: \_\_\_\_\_ Time: \_\_\_\_\_ Airline Name: \_\_\_\_\_ Flight #: \_\_\_\_\_

Departure Location: \_\_\_\_\_ Time: \_\_\_\_\_ Airline Name: \_\_\_\_\_ Flight #: \_\_\_\_\_

Traveling as unaccompanied minor? (Ages 8-15 only – **ADDITIONAL FEE**)  Yes  No

Transportation is available for **a base fee of \$80 each way for Ft. Lauderdale/Hollywood International Airport** and **Palm Beach International Airport (West Palm Beach)**. A base fee of \$120 each way for our customers flying from Miami International Airport. Fees are subject to change without notice. There may be additional cost for waiting (delay of flight), walk-in etc. If a student is traveling as an **unaccompanied minor**, **there will be an additional charge** and 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. **In order for the ETA staff to be responsive to your travel needs, it is imperative we are notified 48 hours IN ADVANCE of your child's travel plans.**

## **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.

**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: ETA 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 for your credit card for Stringing and Pro Shop Purchases if you gave consent – Page 9.** IT IS THE PARENTS RESPONSIBILITY - NOT EVERT TENNIS ACADEMY TO INFORM YOUR CHILD OF THE METHOD OF PAYMENT (i.e., Personal Spending Account of 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. 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 Indemnification Provision**

**\*BOARDERS ONLY - ORIGINAL DOCUMENT MUST BE MAILED!**

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.

\_\_\_\_\_/\_\_\_\_\_  
DATE SIGNATURE

\_\_\_\_\_/\_\_\_\_\_  
GUARDIAN DATE SIGNATURE OF PARENT OR

**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

