

EVERT TENNIS ACADEMY - Registration Form

How did you hear about us?

- Internet Website/Chat Booth at NY Tennis Expo Social Media _____
 Phone Call Coach Referral Friend/Family Referral Agent _____
 Email Tournament Returning Student Other _____

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

Male Female Birth date (mm/dd/yyyy): __/__/__ Age: ____ Current UTR: ____

Home Address: _____

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

Phone Numbers: Please include (Country Code) & (City/Area Code)

Home Phone: (____)(____) _____ Work Phone: (____)(____) _____ Parent Cell: (____)(____) _____
(Country) (City/Area) (Country) (City/Area) (Country) (City/Area)

Parent E-mail Address (Please Print): _____

Source/Representative: _____ **OR** Parent's Name: _____

Arrival Date: _____ Departure Date: _____

Parent/Guardian's Signature: _____ Date: _____

Program

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

Program Options

- Developmental (includes daily 1:1 lesson) Developmental Coach Request: _____
 Full Day Half Day (AM Only) PM Program (Not available in Summer/Holiday) English/ESL Classes (Dates: _____)

What part of your child's tennis game needs improvement?

Special Notes/Requests

Interested in Full Time Programs (year or semester) - if you checked the box, which kind? _____

Registration Form

(Continued)

Payment

Note: To register your child, 50% of the total amount is due immediately as a deposit. If you register your child for only one week, the full amount is due immediately as a deposit. All deposits are non-refundable. All balances must be paid in full at least 30 days prior to arrival and are non-refundable.

Visa MasterCard American Express Discover

Credit Card #: _____ Expiration Date: _____

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

Terms and Policies

- 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 Evert Tennis Academy.
- Evert Tennis Academy 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.

Cancellation Policy

- Weekly and mini-week rates will not be pro-rated daily.
- Cancellations prior to arrival will be held on file and the full amount paid may be credited toward a future reservation. This credit on file will be held for one (1) year from the date of cancellation.
- If you do not change/cancel 48 hours before scheduled arrival and you "no show" all money for reservation is forfeited.
- Registrants will be charged a \$50 change fee. For changes with an increased rate, the difference must be paid at the time of change. For changes with a decreased rate, the difference will be given as an Evert Tennis Academy program credit only, valid for one (1) year from change date. Cancellations are for Evert Tennis Academy program credit only, valid for one (1) year from cancellation date.
- Changes/withdrawals to reservation after arrival will result in Evert Tennis Academy Program credit only, valid for one (1) year.
- 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 incomplete forms.
- 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, Evert Tennis Academy 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 attorney's 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 policies.

Parent/Guardian's Signature: _____ Date: _____

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 & City/Area Codes) (Please include Country and City/Area 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 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 THE EVERT TENNIS ACADEMY STUDENT HEALTH FORMS. WE WON'T ACCEPT ANY OTHER KIND OF MEDICAL FORMS.**

Parent or Guardian Name: _____

IF PARENT WILL BE TRAVELING WHILE THE STUDENT IS ATTENDING EVERT TENNIS ACADEMY, PLEASE COMPLETE:

Travel location: _____ Telephone Number: (____)(____)_____

(Please include Country and City/Area 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 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. Has 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		
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	help was sought?	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever tested positive for HIV or AIDS?	<input type="checkbox"/>	<input type="checkbox"/>
15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	29. Ever taken illegal drugs of any kind, even once?	<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 physician's 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 Child

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 attorney's 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 (mm/dd/yyyy)**.

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 For Boarders Only

Student's Name: _____

Arrival Date (mm/dd/yyyy): _____ Departure Date (mm/dd/yyyy): _____

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 7 DAYS 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 from your credit card for Stringing and Pro Shop Purchases if you gave consent – Page 9.** IT IS THE PARENT'S 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 Discover

Credit Card #: _____ Expiration Date: _____

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

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF EVERT TENNIS ACADEMY USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM EVERT TENNIS ACADEMY IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND EVERT TENNIS ACADEMY HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Evert Tennis Academy, LLC ("ETA") has put in place preventative measures to reduce the spread of COVID-19; however, ETA **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending ETA could increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending ETA and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at ETA may result from the actions, omissions, or negligence of myself and others, including, but not limited to, ETA employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at ETA or participation in ETA programs ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless ETA, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of ETA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any ETA program.

Signature of Parent/Guardian

Date

Print name of Parent/Guardian

Name of ETA student