



**EVERT**  
**Tennis Academy**

**ACADEMY ENROLLMENT APPLICATION**  
**NON-BOARDING STUDENT**  
**2023-2024**

# ADMISSION PROCEDURES

The Evert Tennis Academy looks for student-athletes who are hard working and dedicated both in their sport and in life. Closely reviewed are personal characteristics, school performance, and individual sport history, ability and potential.

## 1. Evaluation

We require that all prospective students visit the Academy for an evaluation week. During that one week prospective boarders must stay in the dormitory. Throughout your evaluation week, you will have the opportunity to acquaint yourself with our environment by meeting our coaches and staff, participating in the tennis program, and visit the academic schools of interest. This experience will allow you to get a feel for the type of training Academy students receive. It will also give you an understanding of the lifestyle of the students at the Academy. Please note, boarding students are not permitted to have a vehicle on site while enrolled in any of our boarding programs.

## 2. Letters of Recommendation (2)

Please include one letter of recommendation from an academic teacher and one letter of recommendation from a coach or an adult other than a family member who has been a positive influence and submit with application.

## 3. Personal Statement

To assist the Admission Committee in becoming better acquainted with you, your thoughts, ideas and goals, please submit a personal statement of approximately 150 words. Select one of the suggestions listed below. Please type or print clearly on a separate piece of paper and enclose it with your application. Make certain your name appears on the essay.

- Describe an experience or achievement that has influenced a belief or value that you hold.
- Explain your long-range sport and educational goals.
- If you could interview a significant historical figure, past or present, who would it be and why?
- Select a topic of your choice that gives insight into you and your personal interests.

**4. . All the forms are due 30 days before the start of the semester. Complete the Application on-line via Docusign. Once you finish the process you will receive a copy for your records.**

**\*\*Our OWN medical forms (Pages titled "PHYSICIANS REPORT") MUST be completed by a doctor or physician (Pages 15 & 16 ).**

If you have any further questions concerning our full-time program, please feel free to call us at 1-800-41(SERVE) or 561-488-2001.

# FULL-TIME PROGRAM PRICES AND PAYMENT OPTIONS

- ANNUAL - TUITION PAYABLE IN FULL ON OR BEFORE AUGUST 1**

Available only to participants attending the entire school year (both Fall and Spring Semesters)

|                                       |               |
|---------------------------------------|---------------|
| The Academy @ ETA Tennis Boarding     | \$49,000/Year |
| The Academy @ ETA Tennis Non-boarding | \$32,000/Year |
| Developmental Tennis Boarding         | \$59,000/Year |
| Developmental Tennis Non-boarding     | \$42,500/Year |
| Afternoon Academy                     | \$11,500/Year |

- SEMESTER TUITION PAYABLE IN FULL ON OR BEFORE THE FOLLOWING DATES:**

Fall Semester Due August 1<sup>st</sup>, Spring Semester Due December 1<sup>st</sup>.

|                                       |                   |
|---------------------------------------|-------------------|
| The Academy @ ETA Tennis Boarding     | \$26,500/Semester |
| The Academy @ ETA Tennis Non-boarding | \$18,500/Semester |
| Developmental Tennis Boarding         | \$32,000/Semester |
| Developmental Tennis Non-boarding     | \$24,000/Semester |
| Afternoon Academy                     | \$6,750/Semester  |

- A \$4,000 non-refundable deposit is payable upon acceptance to reserve a place. (This deposit is credited towards the semester or annual tuition)
- First semester: Sunday, August 20, 2023 to Saturday, December 23, 2023.
- Second semester: Sunday, January 7, 2024 to Saturday, May 25, 2024.
- Boarding includes: accommodations, 3 meals per day, tennis program, and local transportation when available.
- Annual tuition or semester tuitions are to be paid in advance. If monthly payments are requested, a 10% premium will be added to the appropriate price.
- Late payments will incur a 5% service charge.
- Please contact **GRANDVIEW PREP** for tuition rates. The academic school needs to be paid separately — **THE PRICES ABOVE DO NOT INCLUDE SCHOOL.**
- Winter Break is from Saturday, December 23, 2023 to Sunday, January 7, 2024.
- Spring Break (2 Weeks) is from Sunday, March 11, 2024 to Saturday, March 30, 2024.  
\* Spring Break is NOT included in tuition.

**\*Prices are subject to change without notice.**

# REGISTRATION FORM – EVERT TENNIS ACADEMY

(Notify this office at once of any changes during the school year)

| <b>PARTICIPANT'S INFORMATION</b>   |              |  |  |
|--|--------------|--|--|
| Participant's Name: _____  |              |  |  |
| (Last Name)  | (First Name) | (Middle Initial)   |  |
| Date of Birth: (mm/dd/yyyy) _____ Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Boarding <input type="checkbox"/> Non-Boarding |              |  |  |
| Home Address: _____  |              |  |  |
| City _____ State: _____ Zip: _____ Country: _____  |              |  |  |
| Email: _____ USTA#: _____ UTR: _____   |              |  |  |
| Mobile Phone: ** (____)(____) _____ Home Phone: ** (____)(____) _____  |              |  |  |
| <small>**Please include (Country) and (City) Codes</small>   |              | <small>**Please include (Country) and (City) Codes</small> |  |
| Parent's E-Mail Address: _____   |              |  |  |
| <small>(to be used for coach, dorm staff or emergency communications)</small>  |              |  |  |
| Local Address (if applicable): _____   |              |  |  |
| Local Phone #: (____)(____) _____ Cell Phone #: (____)(____) _____   |              |  |  |
| Arrival Date: _____ Departure Date _____ SSN# or Passport # _____  |              |  |  |
| SCHOOL ATTENDING: <input type="checkbox"/> Grandview <input type="checkbox"/> Boca Prep <input type="checkbox"/> OTHER _____ GRADE: _____  |              |  |  |

|  |  |  |  |
|--|--|--|--|
| <b>GUARDIAN 1:</b> <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER (Please click one!) |  |  |  |
| Last Name: _____ First Name: _____ M. Initial: _____   |  |  |  |
| Email: _____ Day Time Phone: ** (____)(____) _____   |  |  |  |
| Home Phone: ** (____)(____) _____ Mobile Phone: ** (____)(____) _____                                  |  |  |  |
| <small>**Please include (Country) and (City) Codes</small>   |  | <small>**Please include (Country) and (City) Codes</small> |  |
| Place of Employment: _____ Position Held: _____  |  |  |  |
| Business Address: _____  |  |  |  |
| <b>GUARDIAN 2:</b> <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER (Please click one!) |  |  |  |
| Last Name: _____ First Name: _____ M. Initial: _____   |  |  |  |
| Email: _____ Day Time Phone: ** (____)(____) _____   |  |  |  |
| Home Phone: ** (____)(____) _____ Mobile Phone: ** (____)(____) _____                                  |  |  |  |
| <small>**Please include (Country) and (City) Codes</small>   |  | <small>**Please include (Country) and (City) Codes</small> |  |
| Place of Employment: _____ Position Held: _____  |  |  |  |
| Business Address: _____  |  |  |  |
| <b>PRIMARY PARENT (For contact)</b>  |  |  |  |
| <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER (Please click one!)                    |  |  |  |

| <b>EMERGENCY CONTACT</b>  |  |
|---|--|
| Alternative Person to Contact in an Emergency: _____  |  |
| Relationship: _____ Phone: (____)(____) _____ Cell: (____)(____) _____  |  |
| Email: _____  |  |
| Are the Participant's parents/guardians divorced or separated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____ |  |
| Name of Custodial Parent/Guardian: _____  |  |
| Country/State of residence? _____   |  |
| What type of custody order * did the court issue? (*Enter one: sole, joint, shared or split custody) _____                                  |  |
| What state or country issued the order? _____   |  |

# FULL-TIME PROGRAM PRICES

Note: Prices subject to change without notice

I, \_\_\_\_\_, parent/guardian of  
*(Name of Parent / Guardian 1)*

\_\_\_\_\_ do hereby confirm the enrollment  
*(Name of Student)*

of my son/daughter in the full-time tennis program for the 20\_\_\_\_ - 20\_\_\_\_ year. He/she will participate in the:

All -Day program    Development Program    Afternoon Academy    other

as a  Boarding  Non-Boarding Student.

Academic School: \_\_\_\_\_ Grade: \_\_\_\_\_ He/she will be enrolled from \_\_\_\_\_  
*(month/day/year)*

to \_\_\_\_\_. We agree to make the tuition payment as specified below:  
*(month/day/year)*

**ANNUAL**

The balance of the annual tuition, minus the Reservation Fee, is due on or before August 1, 20\_\_\_\_.

**SEMESTER**

The balance of the semester tuition, minus the Reservation Fee, is due on or before August 1, 20\_\_\_\_ for the Fall Semester and on or before December 1, 20\_\_\_\_ for the Spring Semester.

**Enclosed is our non-refundable deposit in the amount of \$4,000.**

Form of Payment:  Check # \_\_\_\_\_ must be drawn on US bank)

Credit Card: VI, MC, AMEX, DC

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Wire Transfer (Contact Doug Dressel at [doug.dressel@evertacademy.com](mailto:doug.dressel@evertacademy.com))

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# TUITION / ENROLLMENT AGREEMENT

In consideration of the non-refundable Reservation Fee, in the amount of US\$ \_\_\_\_\_ from the undersigned, ETA has reserved a place for: NAME OF THE PARTICIPANT: \_\_\_\_\_ in the:

- Boarding     Non-Boarding
- Afternoon Academy     Developmental Program     Academy @ ETA     Other

Program for a period of:

- One School Year (9 mos.)     One Semester (4-1/2 months)     Other \_\_\_\_\_

A copy of this Tuition/Enrollment Agreement must be signed by the Participant and his/her parents or guardians and returned to ETA along with the complete registration packet for the 20\_\_\_\_-20\_\_\_\_ school year or any portion thereof. A fully executed copy of the agreement will be returned to Participant/Parents/Guardians upon acceptance and approval by ETA's Business Manager.

## PAYMENT OF TUITION:

The undersigned agrees to pay tuition in the amount of US\$ \_\_\_\_\_ in the following manner: (Check one)

- ANNUAL: The balance of the annual tuition, minus the Reservation Fee, is due August 1, 20\_\_\_\_.
- SEMESTER: The balance of the semester tuition, minus Reservation Fee, is due August 1, 20\_\_\_\_ for the Fall semester and December 1, 20\_\_\_\_ for the Spring semester.

**ADDITIONAL DEPOSIT:** In addition to the tuition, the undersigned agrees to pay the following *mandatory* deposit due four (4) weeks prior to arrival:

**PERSONAL SPENDING ACCOUNT** - US\$1,500 BOARDING PARTICIPANTS. This deposit will be placed in an account and will be available to cover Participant expenses including, but not limited to, the following fee areas: pro shop purchases, private lessons, pocket money, laundry services, replacement of room keys, tournament travel expenses such as entry fees, transportation, hotels, or coaching, any medical expenses and any other miscellaneous bills. When this account reaches or falls below US\$500, Participant will be notified and is responsible for arranging for the deposit of additional monies within ten (10) days of notification. *This account must always have a minimum balance of US\$500.* Upon your departure from ETA, Participant may withdraw any monies remaining in this account **provided** all other outstanding obligations to ETA have been paid in full.

**SECURITY DEPOSIT** - BOARDING PARTICIPANTS ONLY. The \$500 minimum referred to above is required as a security deposit and is available to cover any and all property damages caused by the Participant (either alone or with other persons) to any ETA property. Participant and his/her Parents/Guardians agree and **herely authorize** the automatic and immediate repayment of the cost of damages, and the amount needed to bring the security deposit back to the initial level of US\$500, through a charge by ETA against the credit card number written below. This deposit will be held until after your departure from ETA. At final checkout paint, bath, furniture, fixtures, doors, carpets, and all other dorm furnishings will be inspected, and if acceptable, the security deposit will be refunded.

**REFUND OF DEPOSIT:** The Personal Spending Account will be refunded four (4) weeks after departure provided: (a) room condition is acceptable at check out, (b) all tuition, medical, tournament and any other financial obligations are paid in full and (c) a written request is submitted. Remaining balance in the Personal Spending Account can and will be used towards the fulfillment of other outstanding financial obligations.

**FINANCIAL OBLIGATION:** Participant and Parents/Guardians acknowledge that the obligation to pay the total tuition fee and non-refundable tuition deposit outlined above is non-negotiable and unconditional and that no portion of these monies, whether paid or owing to ETA, will be refunded to you or canceled/forgiven for any reason except for those limited reasons specified in the "Cancellation" and "Medical/Injury Withdrawal Refund Policy" attached. Also, Participant and Parents/Guardians acknowledge that when your account is past due for 30 or more days, you will not be allowed to attend instruction in your program and ETA may refuse to provide continued room and board, if applicable. Participant and Parents/Guardians agree to pay any costs, including attorneys fees, incurred by ETA in enforcing this agreement and collecting any balances due hereunder plus interest at the rate of 1% per month for past due balances. During ETA's 2-week vacation at Christmas and 1-week vacation in spring, Participant and Parents/Guardians are responsible for removing all of your personal belongings from ETA's on-campus housing into storage at your own expense. There is no refund of monies for any period of time when Participant is away from ETA regardless of the reason or circumstances, including vacations and tournaments. If you are dismissed from ETA for disciplinary or other reasons, or are suspended and required to return home for a period of time, Participant's tuition and reservation fees will not be refunded and all costs incurred to return home will be the sole responsibility of Participant and Parents/Guardians. If Participant changes from the boarding to the non-boarding program, Participant and Parents/Guardians will be charged a boarding termination fee equal to 50% of the difference between the cos of the two programs.

# TUITION / ENROLLMENT AGREEMENT

A credit card number is required to cover balances due on any ETA accounts (including but not limited to tuition, property damage, tournament fees, personal accounts, medical accounts). Parent/Guardian is required to maintain a current credit card number on file at all times:

Visa    Master Card    American Express    Discover

Credit Card #: \_\_\_\_\_ Exact Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature of Card Holder: \_\_\_\_\_

**DISPUTE RESOLUTION:** If a dispute arises between the parties to this agreement which cannot be resolved by them, this dispute will be submitted to arbitration and resolved by a single arbitrator (who shall be a lawyer) in accordance with the Commercial Arbitration Rules of the American Arbitration Association. The arbitration will take place in Boca Raton, Florida. Each party is entitled to depose at least one fact witness and any expert witness retained by the other party, and to conduct such other discovery as the arbitrator deems appropriate. The award or decision rendered by the arbitrator will be in writing, final and binding and judgment may be entered upon such award by any court.

The Participant and the Parent/Guardian hereby agree to the terms of this Agreement.

Signature of Guardian 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

EVERT TENNIS ACADEMY, L.L.C.

\_\_\_\_\_ Date: \_\_\_\_\_

By: DOUGLAS H. DRESSEL / BUSINESS MANAGER

While ETA requires full payment of tuition and all other fees for the entire enrollment period specified in the Tuition/Enrollment agreement, it is the policy of ETA to ease, upon request, this financial obligation in the event of a withdrawal only as described below:

**Medical/Injury Withdrawal:** Complete involuntary withdrawal from the tennis program for 30 or more continuous days as required or advised by a qualified and licensed medical practitioner for any medical condition or injury which is certified to and treated by such qualified and licensed medical practitioner. Complete medical/injury withdrawal applies to both boarding and non-boarding Participants who must withdraw from ETA as set forth above. Upon request, a credit or refund (if all tuition payments and other fees specified in the Tuition/Enrollment agreement have been paid) will be issued equal to 40% of the pro rata tuition for the portion of the remaining enrollment period.

**Procedure for Refund:** Requests for a partial refund of fully paid tuition fees or credit against any tuition fee remaining due as set forth above, must be made in writing to the Business Manager within 30 days of the Participant's first day of complete separation from the program. Any refund granted will first be applied toward the outstanding balance of the Participant's account. Refunds not required to settle the Participant's account with ETA, if any, shall be made to the parent or guardian who signed the enrollment contract. Calculation of refund or credit, as the case may be, will be done within 30 days after the first day the Participant returns to the tennis program. If the Participant is unable to return to the tennis program, calculation of total refund or credit, as the case may be, will be done within sixty days after written notice has been received by the Business Manager, confirming that the Participant will not be returning to ETA. Any tuition credit granted will be applied first toward the outstanding balance of the Participant's account and thereafter against any balance as may remain due under the Tuition/Enrollment agreement. If there is a remaining balance due under the terms of the Tuition/Enrollment agreement after application of the tuition credit or refund, such balance shall be paid in accordance with the payment plan selected under terms of the Tuition/Enrollment agreement.

**Cancellation Policy:** ETA agrees that enrollment as specified within this Tuition/Enrollment agreement may be canceled without penalty (except for forfeiture of the non-refundable Reservation Fee) if written notification is received by the Business Manager at least four (4) weeks prior to the scheduled start date. If enrollment is canceled four (4) weeks or less prior to the scheduled start date, Participants and Parents/Guardians remain obligated for the full tuition subject only to exceptions specified in the Evert Tennis Academy/Injury Withdrawal Refund Policy set forth herein.

# WAIVER

**Waiver:** In consideration of Participant's enrollment in a tennis program and/or Participant's use, today and on all future dates, of the property, facilities, and services of Evert Tennis Academy (hereafter referred to as "ETA"), Participant and Parent/Guardian, on behalf of Participant, Participant's heirs, personal representatives, or assigns, hereby release, waive, discharge, and covenant not to sue, ETA, its affiliated companies and each of its directors, officers, employees, volunteers, sponsors, independent contractors, and agents from liability from any and all claims arising from the negligence of ETA or any of the aforementioned parties. This agreement applies to (1) personal injury (including death) from accidents, injuries or illnesses arising from participation in various activities including, but not limited to, participation in sport programs, travel, competition, educational classes, lessons, social activity, and individual use of facilities, premises, or equipment; and (2) any and all claims resulting from the damage to, loss of, or theft of property. Participant and Parent/Guardian consent to all videotaping and photographing of Participant and agree that ETA can use these images at any time and in any manner without payment to Participant and without Participant's or Parent/Guardian's approval.

**Indemnification and Hold Harmless:** Participant and Parent/Guardian also agree to HOLD HARMLESS AND INDEMNIFY ETA from all claims resulting from all negligence of ETA and to reimburse ETA for any expenses incurred as a result of Participant's participation in a tennis program and presence at ETA facilities. Participant and Parent/Guardian further agree to pay all costs and attorneys' fees incurred by ETA in investigating and defending a claim or suit but only if Participant's claim is withdrawn or to the extent an arbitrator determines that ETA is not responsible for the injury or loss. Participant and Parent/Guardian agree to hold harmless and indemnify ETA from all claims and amounts related to legal and other action brought against ETA for damages caused by Participant (for example, for damages caused by Participant while fighting with another participant).

**Severability and Venue:** Participant and Parent/Guardian further expressly agree that this waiver is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the remaining portion of the waiver will continue in full legal force and effect. Also, Participant and Parent/Guardian agree that all disputes must be resolved using binding arbitration and take place at the office of the American Arbitration Association located nearest to Boca Raton, Florida.

**Acknowledgment of Understanding:** Participant and Parent/Guardian have read this waiver and fully understand its terms. Participant and Parent/Guardian understand that Participant is giving up rights, including the right to compensation for injury resulting from negligence of ETA. Participant and Parent/Guardian acknowledge that they are signing the agreement freely and voluntarily, and intend their signatures to be a complete and unconditional release of all liability to the greatest extent allowed by law.

In signing this waiver as parent or guardian, I acknowledge that I am consenting to Participant's participation in a tennis program at ETA and acknowledge that I understand that any and all risks, including that of negligence, whether known or unknown are expressly assumed by Participant and Parent/Guardian and all claims, whether known or unknown, are expressly waived in advance.

\_\_\_\_\_  
Signature of Parent/Guardian 1 of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Minor Participant

\_\_\_\_\_  
Date



# AGREEMENT TO PARTICIPATE

**Assumption of Risks:** Physical activity, by its very nature, carries with it certain dangers and risks that cannot be eliminated regardless of the care taken to avoid injuries. ETA has facilities for various sport specific and related activities such as strength training and running. Some of these activities involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, some involve contact with equipment, other participants (including participants that are older or younger and who may be larger or smaller (in terms of weight and height) than Participant), and various surfaces (which may be uneven), and others involve sustained physical activity which places stress on the cardiovascular system. Participant will also be exposed to risks while traveling and participating in various activities. Some of these activities involve travel in vehicles (for example, in vans when traveling to a competition or to the airport) and exposure to large crowds (such as at a music concert). The specific risks vary from one activity to another, but in each activity the risks range from (1) minor injuries such as scratches, cuts, bruises, and sprains to (2) major injuries such as loss of sight, loss of teeth, broken bones, joint or back injuries, concussions, and heart attacks to (3) catastrophic injuries including paralysis and death. I also understand that the Participant may expose others, or may be exposed, to contagious disease such as influenza, chicken pox or measles.

Participant and Parent/Guardian have read the previous paragraphs and (1) understand the nature of the activities at ETA, (2) understand the demands of those activities relative to the physical condition and skill level of Participant, and (3) appreciate the types of illnesses and injuries which may occur as a result of activities made possible by ETA. Participant and Parent/Guardian hereby assert that participation is voluntary and that Participant and Parent/Guardian knowingly assume all such risks.

**Acknowledgement of Rules and Standards of Conduct:** I understand that ETA has rules and standards of conduct that are set forth in the Student Handbook. I agree to abide by these rules and standards for the safety of Participants, the staff, and the other participants.

**Acknowledgment of Understanding:** Participant and Parent/Guardian have read this agreement to participate and fully understand its terms. Participant and Parent/Guardian acknowledge freely and voluntarily signing the agreement and intend the signatures to signify a complete assumption of the inherent risks of participating in or observing activities at ETA to the greatest extent allowed by law in the State of Florida.

In signing this assumption of risk as Parent/Guardian, I acknowledge that I am consenting to the participant's participation at ETA (as specified in paragraph one) and acknowledge that Participant and Parent/Guardian expressly assume all inherent risks of the activity.

\_\_\_\_\_  
Signature of Parent/Guardian 1 of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Minor Participant

\_\_\_\_\_  
Date

# CONSENT FOR TREATMENT

This is to certify that the administrative staff of Evert Tennis Academy (“ETA”) is being given authority by me \_\_\_\_\_ Parent Guardian of \_\_\_\_\_ to act on my behalf  
(Please Print Name) (Please Print Name)

for any medical/mental health care treatment (including immunizations required by law) 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 care and prevention of injuries, mental health interventions, 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 conduct of: (1) legal authorization for treatment; (2) consultations; (3) anesthesia; (4) emergency examinations; (5) consent for hospitalization; and (6) treatment or surgery that may be deemed necessary by appropriate medical personnel.

Signature of Parent/Guardian 1: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Notarized by: \_\_\_\_\_ Stamp and Seal: \_\_\_\_\_

Witness (if outside US): \_\_\_\_\_ (Witness can be Judge, Lawyer, Justice of Peace, Public Official)

## INSURANCE COVERAGE

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

## REQUIRED CREDIT CARD

I hereby authorize the use of my credit card to cover all medical expenses.

CARD TO BE USED:  VISA  MASTER CARD  AMERICAN EXPRESS

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

## MEDICAL INFORMATION

Family Doctor: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Are you currently taking any medication:  YES  NO If yes, please give name of medications(s) and explain reason for and method of use: \_\_\_\_\_

### EVERT TENNIS ACADEMY DRUG AND ALCOHOL TESTING CONSENT, WAIVER AND AUTHORIZATION

The use of illegal drugs, controlled substances and alcohol can have a detrimental impact on behavior, interfere with academic and athletic performance, cause permanent physical and mental harm to the user and increase the risk of injury to teammates, athletic opponents and all others with whom the user interacts. Therefore, the Evert Tennis Academy has implemented a Drug and Alcohol Testing Policy (“Policy”) that is described in the Student Handbook. All parties signing this form acknowledge that they have received, read and understand the Policy, and also understand that penalties may be imposed, including expulsion, for violating the Policy. Further, all parties signing this form agree to all of the terms, conditions and rules of the Policy.

A participant who is age 13 and older will be subject to mandatory testing during the school year. Reasonable suspicion testing may be conducted for all participants regardless of age. Each test will consist of hair analysis, urine analysis or other method adopted by ETA.

I hereby consent to having samples of my hair, urine or other body sample tested for the presence of drugs, alcohol or other substances covered by the Policy at such times as tests are required under the Policy. I also authorize the release of information concerning the results of such test to the Participant and ETA.

Participant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Guardian 1 Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

# 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 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Parent/Guardian

\_\_\_\_\_  
Name of Student

# STUDENT HEALTH RECORD

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ S.S. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sex:  Male  Female Sport: \_\_\_\_\_ Parent/Guardian 1 Name: \_\_\_\_\_

## TO BE COMPLETED BY A PARENT OR GUARDIAN

Any known Allergies:  Yes  No Reactions? (List): \_\_\_\_\_

### HEALTH HISTORY:

|    |   |  |            |                 |
|----|---|--|------------|-----------------|
| 01 | Anemia  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date _____ | Comments: _____ |
| 02 | Ear Infection   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date _____ | Comments: _____ |
| 03 | Hepatitis   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date _____ | Comments: _____ |
| 04 | Meningitis  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date _____ | Comments: _____ |
| 05 | Mononucleosis   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date _____ | Comments: _____ |
| 06 | Pneumonia   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date _____ | Comments: _____ |
| 07 | Sinusitis   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date _____ | Comments: _____ |
| 08 | Tonsillitis   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date _____ | Comments: _____ |
| 09 | Asthma/bronchitis   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date _____ | Comments: _____ |
| 10 | Does the student have painful periods? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>How is it treated? _____ |  |            |                 |
| 11 | Does the student have an ongoing illness such as diabetes?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date _____ |                 |
| 12 | Has the student ever had a rash or hives develop during or after exercise?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date _____ |                 |
| 13 | Does the student have any current skin problems (ex: itching, rashes, acne, warts, fungus)                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date _____ |                 |
| 14 | Has the student ever had a head injury or concussion?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date _____ |                 |
| 15 | Has the student ever been knocked out, become unconscious, or lost their memory?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date _____ |                 |
| 16 | Has the student ever had a seizure?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date _____ |                 |
| 17 | Does the student have frequent or severe headaches or migraines?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date _____ |                 |
| 18 | Has the student ever had numbness or tingling in their arms, hands, legs, or feet?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date _____ |                 |
| 19 | Does the student cough, wheeze, or have trouble breathing during or after activity?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date _____ |                 |
| 20 | Does the student have asthma?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date _____ |                 |
| 21 | Has the student or any family member ever had an adverse reaction to anesthesia (ex: malignant hyperthermia)?               | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date _____ |                 |
| 22 | Does the student have a history of or currently have an eating disorder?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date _____ |                 |
| 23 | Does the student have a history of or currently have any mental health issues (ex: depression, anxiety, stress, ADD/ADHD)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date _____ |                 |

Explain "YES: Answers:

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# STUDENT HEALTH RECORD

**STUDENT NAME:** \_\_\_\_\_

**List Any Surgeries or Hospitalizations:**

| DATE | SURGERY | HOSPITALIZATION |
|------|---------|-----------------|
|      |         |                 |
|      |         |                 |
|      |         |                 |
|      |         |                 |

**ORTHOPEDIC HISTORY**

Please provide any previous injuries your student has suffered: Include dates, surgeries, Special tests (CAT scan, x-ray, MRI, etc), Right or Left body part.

|  |       |
|--|-------|
| Head (Including ear, teeth, nose, and eyes): | _____ |
| Neck:  | _____ |
| Back:  | _____ |
| Chest:                                       | _____ |
| Shoulders:                                   | _____ |
| Arms:  | _____ |
| Elbows:                                      | _____ |
| Wrists:                                      | _____ |
| Hands/Fingers:                               | _____ |
| Hips:  | _____ |
| Thighs:                                      | _____ |
| Knee:  | _____ |
| Lower Leg (shin/calves):                     | _____ |
| Ankles:                                      | _____ |
| Feet/Toes:                                   | _____ |

Is there anything else we should be aware of regarding your student's health??

\_\_\_\_\_

\_\_\_\_\_

I hereby state, to the best of my knowledge, my answers to the above questions are complete and correct. I understand and acknowledge that I am hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG or ECHO) and/or cardio stress test. If any of the above tests are performed on your student, please include a copy with this form.

\_\_\_\_\_  
Signature of Parent / Guardian 1

\_\_\_\_\_  
Date of Completion

# STUDENT HEALTH RECORD

**STUDENT NAME:** \_\_\_\_\_

**VACCINATION HISTORY** (Mandatory! Either fill the information bellow or provide us a copy of the Immunization record)

| IMMUNIZATIONS  | DATES RECEIVED (MM/DD/YY)                  |                               |                                       |                                   |            |
|--|--|-------------------------------|---------------------------------------|-----------------------------------|------------|
| DPT (diphtheria, tetanus, pertussis) or TD (tetanus, diphtheria) or DTP-Hib (5 required) | _____                                      | _____                         | _____                                 | _____                             | _____      |
| Td (Tetanus)   | _____                                      | _____                         | _____                                 | _____                             | _____      |
| Polio, OPV, IPV 4 <sup>th</sup> dose required if 3 <sup>rd</sup> given before age 4      | _____                                      | _____                         | _____                                 | _____                             | _____      |
| MMR (Mumps, Measles, Rubella) 2 doses required   | _____                                      | _____                         | _____                                 | _____                             | _____      |
| Hepatitis B (Series of 3 required)   | _____                                      | _____                         | _____                                 | _____                             | _____      |
| HIB HID<br>0-14 mo. – 3-4 doses<br>14-49 mo. – 1 dose                                    | _____                                      | _____                         | _____                                 | _____                             | _____      |
| Varicella (Chicken Pox) required unless documented history of disease                    | Vaccine:<br>_____                          | Vaccine:<br>_____             | _____                                 | Disease:<br>_____                 | _____      |
| Tuberculosis Test  | Date Placed:<br>_____                      | Within the past year<br>_____ | <input type="checkbox"/> Negative 0mm | <input type="checkbox"/> Positive | __Mmx __mn |
| Have you ever received the BCG Vaccine?  | <input type="checkbox"/> YES<br>Date:_____ | <input type="checkbox"/> NO   | <input type="checkbox"/> Unknown      |                                   |            |

1. **DPT/DPTaP5:** 5 doses required. If the 4<sup>th</sup> primary dose is given on or after the 4<sup>th</sup> birthday, a 5<sup>th</sup> dose is not required.
2. **Td:** Students 11 years old are required to have vaccine if they have not had the booster vaccine in the past 5 years. After this dose, it is given every 10 years.
3. **Polio:** 4 doses required. If the 3<sup>rd</sup> dose in an all OPV or all IPV is given on or after the 4<sup>th</sup> birthday, a 4<sup>th</sup> dose is not required.
4. **Hib:** Required for childcare, and pre school attendance only.
5. **MMR:** First dose valid if given on or after 1<sup>st</sup> birthday. Second dose valid if given at least 1 month after 1<sup>st</sup> dose.
6. **Hepatitis B:** A series of 3 vaccines given as follows: HBV #1, HBV #2: 1-2 months later; HBV #3: 4-6 months
7. **Varicella:** Varicella vaccine is not required if there is documentation of having Varicella disease. Children 13 years of age and older should receive 2 doses, given at least 4 weeks apart. Children less than 13 should receive 1 dose.
8. **TB test:** The TB questionnaire is due annually for all full time students. Short time students are not required to complete the TB questionnaire. If any of the questions are answered yes (and there is no previous history of BCG vaccination), a Mantoux TB test is required. If there is history of previous BCG vaccination, a chest x-ray is required.
9. **BCG:** Don't worry if you have never received this vaccine. Many foreign countries give this vaccine to children

**Person Completing Vaccination Form:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **STUDENT NAME:** \_\_\_\_\_

# STUDENT HEALTH RECORD

## TUBERCULOSIS SCREENING (MANTOUX PPD SKIN TEST)

**Have you been experiencing any of the following signs and symptoms that may be associated with tuberculosis?**

|     |  |                              |                             |
|-----|--|------------------------------|-----------------------------|
| 1.  | Persistent Cough (>3 weeks)  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2.  | Coughing up Blood  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3.  | Unexplained Weight Loss  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4.  | Loss of Appetite   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5.  | Fever/Chills   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6.  | Night Sweats   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7.  | Tire Easily  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8.  | Have you ever had a positive TB skin test?                                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9.  | Have you ever taken medication prophylacically because you were exposed to TB? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. | Females: Are you pregnant?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**(Anyone with a "Yes" response, will require a TB test or chest x-ray)**

Date of Test: \_\_\_\_\_ Date Read: \_\_\_\_\_ 2nd Test Required:  Yes  No

Site: \_\_\_\_\_ Results in MM: \_\_\_\_\_ Date of 2nd Test: \_\_\_\_\_

By: \_\_\_\_\_ By: \_\_\_\_\_ Site: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ By: \_\_\_\_\_

Lot #: \_\_\_\_\_ Results in MM: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Meningococcal Vaccine

I understand the meningococcal (meningitis) vaccine is strongly recommended by the Centers for Disease Control (CDC) in Atlanta for students living in dorms. It is also recommended for children aged 11 and 12 years and teens entering high school. ETA will not transport students to receive the vaccine.

- I wish to decline the vaccine for my student. I understand and accept the risks of Meningococcal meningitis, which can cause very severe illness and death.
- I will take my student to his/her local physician or Health Department to obtain the meningococcal vaccine, and I will provide ETA with proof of vaccination.
- My student has already received the meningococcal vaccine on date: \_\_\_\_\_, and I will provide ETA with proof of vaccination.

\_\_\_\_\_  
Signature of Parent/Guardian 1

\_\_\_\_\_  
Date of Completion

**NOTE: THIS FORM IS DUE ANNUALLY**

# PHYSICIANS REPORT

**STUDENT NAME:** \_\_\_\_\_ **Date of exam:** \_\_\_\_\_

## PHYSICIANS REPORT

The Evert Tennis Academy (“ETA”) is dedicated to the health and safety of our athletes. For that reason we have adopted the American Heart Association’s 12 Point Recommendations for Pre-participation Screening of High School and college Athletes. **If any of the following criteria are present, then all of the following items are required prior to participating at ETA: (1) ECG (2) echocardiogram (3) letter of clearance from a cardiologist.** Results of each of these tests and a letter of clearance from the cardiologist must be on file prior to student’s arrival.

### CARDIAC EVALUATION:

Please check each box, make any notations for “yes” answers and your signature is required.

| PERSONAL MEDICAL HISTORY   |                             |                              | COMMENTS: |
|--|-----------------------------|------------------------------|-----------|
| Exertional chest pain/discomfort   | NO <input type="checkbox"/> | YES <input type="checkbox"/> |           |
| Syncope/near syncope   | NO <input type="checkbox"/> | YES <input type="checkbox"/> |           |
| Excessive exertional and otherwise unexplained dyspnea/fatigue associated with exercise  | NO <input type="checkbox"/> | YES <input type="checkbox"/> |           |
| Prior recognition of heart murmur  | NO <input type="checkbox"/> | YES <input type="checkbox"/> |           |
| Elevated blood pressure  | NO <input type="checkbox"/> | YES <input type="checkbox"/> |           |
| FAMILY MEDICAL HISTORY   |                             |                              | COMMENTS: |
| Premature death (sudden or otherwise) related to heart disease in relatives  | NO <input type="checkbox"/> | YES <input type="checkbox"/> |           |
| Disability from heart disease in close relative younger than 50 years  | NO <input type="checkbox"/> | YES <input type="checkbox"/> |           |
| Specific knowledge of hypertrophic or dilated cardiomyopathy, ion channelopathies such as long QT syndrome, Marfan Syndrome, or clinically important arrhythmias | NO <input type="checkbox"/> | YES <input type="checkbox"/> |           |
| PHYSICAL EXAMINATION   |                             |                              | COMMENTS: |
| Heart murmur   | NO <input type="checkbox"/> | YES <input type="checkbox"/> |           |
| Aortic Coarctation noted on Femoral Pulse Exam   | NO <input type="checkbox"/> | YES <input type="checkbox"/> |           |
| Physical stigmata of Marfan syndrome   | NO <input type="checkbox"/> | YES <input type="checkbox"/> |           |
| Abnormal Brachial artery blood pressure (sitting position)   | NO <input type="checkbox"/> | YES <input type="checkbox"/> |           |

Notes: \_\_\_\_\_

**Remember any “yes” answers need to result in: (1) ECG (2) echocardiogram (3) letter of clearance from a cardiologist.**



# PHYSICIANS REPORT

## SCREENING TESTS:

|                 |                        |                    |   |
|-----------------|------------------------|--------------------|---|
| <b>VISION</b>   | <b>DATE:</b> _____     |                    |   |
| Distance Acuity | Right _____ Left _____ | With correction    | Wears Glasses <input type="checkbox"/> YES <input type="checkbox"/> NO  |
|                 | Right _____ Left _____ | Without correction | Wears Contacts <input type="checkbox"/> YES <input type="checkbox"/> NO |

## PHYSICIAN'S EXAMINATION:

|               |              |                    |                     |
|---------------|--------------|--------------------|---------------------|
| Height: _____ | BP: _____    | Medications: _____ | Reason Taken: _____ |
| Weight: _____ | Pulse: _____ | Rx: _____          | _____               |
|               |              | _____              | _____               |

**STUDENT NAME:** \_\_\_\_\_ **Date of exam:** \_\_\_\_\_

Describe any variations from the norm      **N = Normal**      **Ab = Abnormal**

|                            |                    |  |
|----------------------------|--------------------|--|
| Teeth: _____               | Extremities: _____ | Other: _____   |
| Glands: _____              | Eyes: _____        | Menses: _____  |
| Lungs: _____               | Ears: _____        | Chest X-ray _____  |
| Skin: _____                | Abdomen: _____     | <b>NOTE:</b> CXR must be done if student has had BCG or + TB |
| Heart: _____               | GI system: _____   |  |
| Scalp: _____               | Vital Signs: _____ |  |
| Abdominal explained: _____ |                    |  |

### This student is cleared to participate as follows:

- Unrestricted Clearance: \_\_\_\_\_
- Restricted Clearance limitations are advised: Specify limitations: \_\_\_\_\_

**Additional information the examiner believes should be brought to the attention of ETA to enable the student to participate in athletics or to provide for student's well being:**

\_\_\_\_\_

**I understand that ETA programs may include vigorous physical activities and exertion, which can occur in a hot and humid environment, such as Boca Raton, Florida.**

**I have discussed the "12 Point" cardiac evaluation with the student and parents, performed a physical examination and believe he/she is physically able to participate in athletic and sports activities as described.**

**\*\* Please print or Stamp \*\***

Examiner's Name: \_\_\_\_\_

Examiner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_