



SUMMER CAMP 2020 REGISTRATION PACKET

Welcome!

Welcome to the 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 the Evert Tennis Academy. Enjoy!

Registration Information

- Please send all forms to Omieka or Andrew
 - Via Scan, E-mail or Fax
- Non-Boarders - Complete pages 4-9
- Boarders – Complete pages 4-10

Questions Regarding Forms and Billing, please contact:

Omieka Rangasammy
 Phone: 561-488-2001
 Fax: 561-488-2055
 E-mail: omieka@evertacademy.com

SUMMER CAMP INFORMATION

*Prices are subject to change without Notice.

Dates	Developmental Boarding	Full Day Boarding	Developmental Non-Boarding	Full Day Non-Boarding	Half Day (AM Only)
May 31 st , 2020 - August 15 th , 2020 (11 weeks)	\$ 2,095	\$ 1,595	\$ 1,595	\$ 1,095	\$ 695

NON-BOARDING STUDENTS (5 Days, Monday-Friday)

Check-In: Monday Morning

Non-Boarders will check-in at the Evert Tennis Academy Pro-Shop. A staff member will contact you the Friday prior arrival to confirm the start time.

Check-Out: Friday at 3:30PM

Full Day and Developmental students will receive a Video Evaluation upon departure.

BOARDING STUDENTS (7 Days, Sunday-Saturday)

Check-In: Sunday Between 3:00PM-5:00PM

Boarders will register at the Student Services desk located on the first floor of the dormitory. All students are required to check-in upon arrival. Upon check-in at the Evert Tennis Academy, each student is assigned a room. Plane tickets, passport, all medications and important documents must be handed in for safe-keeping during the student's stay. A daily schedule will be given to each student at check-in. Orientation for students is held after dinner on Sunday evening. All rules and regulations are covered and student's questions are answered.

Check-Out: Saturday before 11 AM

There will be an optional tennis program Saturday morning followed by check-out. We have an option to check-out on Friday evening. Students who are continuing into the following week's program will stay at the Evert dorms over the weekend.



Transportation

Transportation from 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. 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. 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!

You can contact Tina Dale, Director of Student Services, at tina.dale@evertacademy.com if you have any questions regarding Transportation.

Boarding Information

For all questions regarding Boarding please call:

Tina Dale
Director Student Services
Evert Tennis Academy
E-mail: Tina.Dale@evertacademy.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 | ✓ Swimsuit | ✓ laundry bag |
| ✓ running shoes | ✓ personal toiletries | ✓ light weight jacket |
| ✓ sunscreen/lotion | ✓ 8-10 shirts / tops | ✓ water jug |
| ✓ 8-10 pairs of socks | ✓ beach towel | |

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 and Wi-Fi. The dormitory offers a common living room, work-out room, cafeteria, and a laundry room.

Boarding Information

(Continued)

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.

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. You can approve it on page 6. Otherwise cash is required.

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.

Fax:

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

Wiring instructions:

For wire transfer information please ask one of our staff members.

IMPORTANT NOTICE TO PARENTS:

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.

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: _____ Age: _____ Current UTR _____

Home Address: _____

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

Home Phone #: (_____) _____ Work Phone #: (_____) _____

Parent Cell #: (_____) _____ Parent E-mail Address: _____
 (Please include Country and City Codes) (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: _____

Summer Camp

- Developmental (includes daily 1:1 lesson) Developmental Coach Request: _____
 Full Day Half Day (AM Only) 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 polices.

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 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 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 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 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 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 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).

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: _____ 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 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 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 Discover

Credit Card #: _____ Expiration Date: _____

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

