



Enrollment Registration Form

This form must be completed for all students accepted into Florida Tennis SBT Academy. It requires students and parents to confirm enrollment for the applicable periods; to remit a non-refundable deposit as consideration to reserve a space for the student; to agree to tuition terms and policies and remit payment related thereto; to provide medical, health and insurance information; and to sign certain permissions, waivers and releases of liability, among other things. Students may not participate in any program until this form is received and approved by the Academy.

Student Name: _____

Date of Birth: ____/____/____ Age: _____ Male Female

SSN: _____ or Passport #: _____

Student Tel#: _____ Student Email: _____

Name of Parent/Guardian 1: _____

Name of Parent/Guardian 2: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent Tel#: _____ Parent Email: _____

School Attending: _____

Emergency Contact Name: _____

Cell #: _____ Other #: _____

Parent Signature: _____ Date: _____



Program and Payment Selection

Florida Tennis SBT Academy follows a 10-week session format, with a separate 11-week Summer Camp Program. During the school year there are two tracks – Full Time and After School (times listed below)

- Quarter 1: Monday January 16, 2017 through Friday March 24, 2017
- Quarter 2: Monday March 27, 2017 through Friday June 2, 2017
- Summer Camp: Monday June 5, 2017 through Friday August 18, 2017
- Quarter 3: Monday August 21, 2017 through Friday October 27, 2017
- Quarter 4: Monday October 30, 2017 through Friday January 12, 2018

- Full Time: M – F 12pm – 2pm & 3:30pm – 6:30pm **\$795/week**
- FT Private Program:* M – F 8am – 12pm (only available to FT Academy students as supplemental) **\$65/hour and up**
- After School: M – F 3:30pm – 6:30pm **\$475/week**
- Private Program:* M – F 3:30pm – 5:30pm (only available to After School Academy students – limited to 2 one-hour private lessons per week as supplemental) **\$65/hour and up**

I, _____, parent/guardian of
(Name of Parent or Guardian)

(Name of Student)

do hereby confirm the enrollment of my son/daughter in the following tennis program and agree to make the appropriate payments as selected below:

Full Time Students: (check appropriate box)

- Quarter 1 (\$7,950)
- Quarter 2 (\$7,950)
- Quarter 3 (\$7,950)
- Quarter 4 (\$7,950)

After School Students: (check appropriate box)

- Quarter 1 (\$4,750)
- Quarter 2 (\$4,750)
- Quarter 3 (\$4,750)
- Quarter 4 (\$4,750)



Payment Terms and Policies

Deposits are non-refundable and are required as consideration for reserving a place in our programs. Deposits will be applied against tuition. Tuition applies to the entire session (10 weeks) and is not pro-ratable or refundable for any reason, except as outlined for Medical/Injury Absence. No refunds, discounts or adjustments to tuition will be made and all tuition is payable in advance. No refunds will be given for absentees, partial weeks or rain days. Tuition excludes private lessons that are separate from Academy programs.

This Enrollment Registration Form, together with full payment, must be received 5 business days before the student's first day of attendance.

Payments are accepted by check or cash only. Checks must be made payable to **ITI, LLC**.

Private Lesson 24 Hour Cancellation Policy (obvious medical emergency aside):

Private lesson clients must inform the office 24 hours ahead when canceling a lesson; otherwise they will be charged as if the lesson was provided. Informing the office does not mean leaving a voicemail the night before. The client or pro must speak with someone from the office or email info@floridatennis.com **24 hours** ahead, otherwise they will be charged.

The pro is responsible for communicating with private lesson clients when courts are not playable due to weather, including not only raining, but also wet courts. If more than 50% of the lesson time is performed, the lesson is considered completed. The pro may choose to offer make-up time elsewhere or use indoor space for reviewing film, talking strategy, development planning, etc.

Medical/Injury Absence: Complete involuntary absence from the tennis program for 10 or more days in a session 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.

Upon request, a credit or refund (if all tuition payments and other fees specified in the Enrollment agreement have been paid) will be issued equal to 50% of the pro rata tuition for the portion of the involuntary absence.



Waiver

The undersigned student and parent/guardian, if applicable, acknowledges the risks associated with participation in the Academy programs, including risks of bodily injury when playing tennis, training, traveling, etc. Such student, parent or guardian fully assumes these risks in every instance and holds harmless and releases Florida Tennis SBT Academy, its owners, employees and agents from any claims and costs resulting from any loss, injury (including death), or accident that any student, parent or family member may experience in connection with any activity associated with Florida Tennis SBT Academy, and further agrees not to bring legal action against the Academy, its owners, employees and agents in connection with any such loss, injury or accident. The undersigned also consents and gives permission to Florida Tennis SBT Academy to photograph and video tape the student (minor or adult) for Academy purposes without payment to the student or student's family.

The above waiver is acknowledged and agreed to:

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Rules and Regulations

Students and parents are expected to behave appropriately, both at the Academy and when representing the Academy. Inappropriate behavior, especially on court, will not be tolerated. Extreme situations may, at the sole discretion of the Academy, result in suspension or dismissal from the Academy.



Insurance and Medical Information

Students and their families are responsible for all personal medical expenses. Please provide the following information on your insurance policy which provides medical coverage for the student:

Insurance Company: _____

Address: _____

Phone Number: _____

Group Name and Number: _____

Policy Number: _____

Student Injury & Surgery History: _____

Describe any medical conditions or allergies: _____



Permission to Treat and Medical Release

The undersigned parent/guardian, or the emergency contact person listed below, will be immediately notified of any accident or medical emergency related to the student. The undersigned certifies that in any such event, staff of the Florida Tennis SBT Academy is being given full authority to authorize the medical care or treatment deemed necessary or medically advisable by a licensed physician.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Emergency Contact Name: _____

Telephone: _____

Mailing and Delivery Instructions

Please review this form in its entirety to ensure the accuracy of the information provided by you, and to ensure you fully understand the responsibilities of the parties. You may mail it, scan and email it or deliver it to:

Florida Tennis SBT Academy
600 Tennis Club Drive, Suite 200
Fort Lauderdale, FL 33311
info@floridatennis.com