



## SUMMER 2017 ENROLLMENT FORM

**Daily Monday – Friday Schedule:**

8:30am – 10:30am    On-Court Training – Points/Match Play  
 10:30am – 12pm      Lunch and Rest  
 12pm – 2pm          On-Court Training – Points/Match Play  
 2pm – 3pm            Physical Fitness and Conditioning Training

\*Students may bring their own lunch or purchase from the on-site snack bar

**Select One:**

- HIGH PERFORMANCE ACADEMY PROGRAM (\$995/week)**
- JUNIOR DEVELOPMENT SUMMER PROGRAM (\$475/week)**
- FLORIDA TENNIS SBT ACADEMY CURRENTLY ENROLLED STUDENTS (\$795/week)**

**Select weeks to attend:**

- |                                    |  |                                      |
|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> June 5th  | <input type="checkbox"/> July 3rd              | <input type="checkbox"/> July 31st   |
| <input type="checkbox"/> June 12th | <input type="checkbox"/> July 10 <sup>th</sup> | <input type="checkbox"/> August 7th  |
| <input type="checkbox"/> June 19th | <input type="checkbox"/> July 17 <sup>th</sup> | <input type="checkbox"/> August 14th |
| <input type="checkbox"/> June 26th | <input type="checkbox"/> July 24th             |                                      |

	<u>High Performance</u>	<u>Junior Development</u>	<u>Current Student</u>
<b>Total Number of Weeks:</b>	_____	_____	_____
<b>Cost/Week:</b>	x \$995	x \$475	x\$795
	_____	_____	_____
	+ \$50 registration	+\$50 registration	
<b>Total Amount Due:</b>	\$ _____	\$ _____	\$ _____

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

**Policies:**

1. New students are subject to a non-refundable \$50 enrollment fee to reserve space in the program.
2. Enrollment Forms and Waivers must be filled out **in full** prior to start of camp.
3. Full payment is required upon receipt of enrollment form.
4. No refunds will be given for absentees, partial weeks or rain days (in the event of rain, best efforts will be made to get the session in).



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 registration fee 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: \_\_\_\_\_



## 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 & email it or deliver it to:

**Florida Tennis SBT Academy**  
**600 Tennis Club Drive, Suite 200**  
**Fort Lauderdale, FL 33311**  
[aleks@floridatennis.com](mailto:aleks@floridatennis.com)

**For questions or more information please contact Aleks at (954) 980-7374**