



# CAMP 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.

## CANCELATION POLICY

- Weekly and mini-week rates will not be pro-rated daily.
- Cancellations prior to arrival will be held on file and the full amount paid may be credited toward a future reservation. This credit on file will be held for one (1) year from the date of cancellation.
- If you do not change/cancel 48 hours before scheduled arrival and you “no show” all money for reservation is forfeited.
- Registrants will be charged a \$50 change fee. For changes with an increased rate, the difference must be paid at the time of change. For changes with a decreased rate, the difference will be given as an Evert Tennis Academy program credit only, valid for one (1) year from change date. Cancellations are for Evert Tennis Academy program credit only, valid for one (1) year from cancellation date.
- Changes/withdrawals to reservation after arrival will result in Evert Tennis Academy Program credit only, valid for one (1) year.
- No student will be allowed to participate in any part of a tennis program if all forms are not completed. There will be no credit or refund given for the amount of time missed for incomplete forms.
- I certify that I am the guest/Participant and/or the parent of the guest/Participant and agree to these terms and policies as evidenced by my signature below.

## WEATHER POLICY

- There are no refunds for rain days. In the event of rain, Evert Tennis Academy still conducts classroom, video, mental, and fitness instruction indoors.

## ARBITRATION

If a dispute arises under this agreement that cannot first be resolved through good faith negotiation, the dispute will be submitted to arbitration and resolved by a single arbitrator (who will be a lawyer) in accordance with the Commercial Arbitration Rules of the American Arbitration Association then in effect as modified by this paragraph. All such arbitration will be confidential and take place at the office of the American Arbitration Association located nearest to Boca Raton, Florida. The award or decision rendered by the arbitrator will be final, binding and conclusive and judgment may be entered upon such award by any court. The arbitrator has no authority to award attorney’s fees. If a conflict arises between this document and any other document binding both parties on the same matter, the provisions of this document shall apply. By signing, I acknowledge that I have read the registration forms, terms and policies.

Parent/Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CONSENT FOR TREATMENT

**NO STUDENT WILL BE ALLOWED TO PARTICIPATE WITHOUT THE CONSENT FOR TREATMENT AND STUDENT HEALTH FORMS (Pages 7 & 8) 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 #: (\_\_\_\_) (\_\_\_\_) \_\_\_\_\_  
(Please include Country & City/Area Codes)

Work Phone #: (\_\_\_\_) (\_\_\_\_) \_\_\_\_\_  
(Please include Country and City/Area Codes)

**Parent's Signature (required)** \_\_\_\_\_ **Date:** \_\_\_\_\_

## INSURANCE POLICY

\*Note: In most instances, medical fees will be charges to your credit card

Insurance Company: \_\_\_\_\_ Group or Policy #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

## PERSONAL MEDICAL INFORMATION

Please list below any specific medical information (i.e. allergic reaction to certain drugs, medications) that a physician should be aware of when treating your child.

\_\_\_\_\_  
\_\_\_\_\_

If child is currently on medication, please list details on Student Health Form. Students will be required to discuss all medication usage with Health Services, to determine their schedule and their medication needs will be reviewed.

## CREDIT CARD INFORMATION **REQUIRED INFORMATION!**

I hereby authorize the use of my credit card without prior approval to cover medical expenses.

Visa  MasterCard  American Express  Discover

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Exact Name on Card: \_\_\_\_\_ Signature of Card Holder: \_\_\_\_\_

# 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

Name of Parent/Legal Guardian: \_\_\_\_\_ Signature of Parent/Legal Guardian: \_\_\_\_\_

Name of Participant/Student: \_\_\_\_\_ Signature of Participant/Student: \_\_\_\_\_

# ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONA VIRUS/COVID-19

## NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

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

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

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

\*\*\*\*\*

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

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Name of ETA student

# TRANSPORTATION / STUDENT BANK (for Boarders only)

Student's Name: \_\_\_\_\_

Arrival Date (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Departure Date (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## ARRIVAL AND DEPARTURE INFORMATION – Do not fill in unless transportation is needed.

Arrival Location: \_\_\_\_\_ Time: \_\_\_\_\_ Airline Name: \_\_\_\_\_ Flight #: \_\_\_\_\_

Departure Location: \_\_\_\_\_ Time: \_\_\_\_\_ Airline Name: \_\_\_\_\_ Flight #: \_\_\_\_\_

Traveling as an official unaccompanied minor with the Airline? (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. **In order for the ETA staff to be responsive to your travel needs, it is imperative we are notified at least 7 DAYS IN ADVANCE of your child's travel plans.** If last minute changes are made to your travel plans, please contact us at 561-488-2001.

## OFF CAMPUS ACTIVITIES (Mandatory – Please check one!)

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.

**Pro Shop** - Money may be deducted from your credit card for Stringing and Pro Shop Purchases if you gave consent – Page 2. 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  OTHER \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Exact Name on Card: \_\_\_\_\_ Signature of Card Holder: \_\_\_\_\_

# STUDENT HEALTH FORM

Florida State Law requires that all students attending the Evert Tennis Academy have a physical exam prior to attendance. **This physical exam must be no more than 1-YEAR-OLD. PLEASE HAVE YOUR PHYSICIAN COMPLETE THE EVERT TENNIS ACADEMY STUDENT HEALTH FORMS. WE WON'T ACCEPT ANY OTHER KIND OF MEDICAL FORMS.**

Parent or Guardian Name: \_\_\_\_\_  
 IF PARENT WILL BE TRAVELING WHILE THE STUDENT IS ATTENDING EVERT TENNIS ACADEMY, PLEASE COMPLETE:

Travel location: \_\_\_\_\_ Telephone Number: (\_\_\_\_)(\_\_\_\_)\_\_\_\_\_ (Please include Country and City/Area Codes)

Student's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Age: \_\_\_\_\_

General appearance: \_\_\_\_\_  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**IMMUNIZATION HISTORY:** Enter **dates** of immunizations (Month/Year).  
 (This is Mandatory – Either fill out the information bellow or provide us with a copy of the child's immunization record)

| Vaccine        | DOE Code      | Dose 1      | Dose 2      | Dose 3  | Dose 4    | Dose 5 |
|----------------|---------------|-------------|-------------|---------|-----------|--------|
| DtaP/DTP       | A _____       | _____       | _____       | _____   | _____     | _____  |
| DT             | B _____       | _____       | _____       | _____   | _____     | _____  |
| Td             | C _____       | _____       | _____       | _____   | (Booster) |        |
| Polio          | D _____       | _____       | _____       | _____   | _____     |        |
| HIB            | E _____       | _____       | _____       | _____   | _____     |        |
| *MMR(combined) | F _____       | _____       | _____       |         |           |        |
| separate       | G, H, I _____ | (measles 1) | (measles 2) | (munps) | (rubella) |        |
| Hepatitis B    | J _____       | _____       | _____       | _____   |           |        |

\*Two (2) measles immunizations are required by the State of Florida

**GENERAL QUESTIONS** (Explain "yes" answers below.)

| Has/does the Student:                                    | Yes                      | No                       | Yes  | No  |
|--|--------------------------|--------------------------|--|---|
| 1. Had any recent injury, illness or infectious disease? | <input type="checkbox"/> | <input type="checkbox"/> | 16. Ever had a back problem?                               | <input type="checkbox"/> <input type="checkbox"/> |
| 2. Have a chronic or recurring illness/condition?        | <input type="checkbox"/> | <input type="checkbox"/> | 17. Ever had problems with joints (e.g. knees, ankles)?    | <input type="checkbox"/> <input type="checkbox"/> |
| 3. Ever been hospitalized?                               | <input type="checkbox"/> | <input type="checkbox"/> | 18. Has an orthodontic appliance being brought to academy? | <input type="checkbox"/> <input type="checkbox"/> |
| 4. Ever had surgery?                                     | <input type="checkbox"/> | <input type="checkbox"/> | 19. Have any skin problem (e.g. itching, rash, acne)?      | <input type="checkbox"/> <input type="checkbox"/> |
| 5. Have frequent headaches?                              | <input type="checkbox"/> | <input type="checkbox"/> | 20. Have diabetes?   | <input type="checkbox"/> <input type="checkbox"/> |
| 6. Ever had a head injury?                               | <input type="checkbox"/> | <input type="checkbox"/> | 21. Have asthma?   | <input type="checkbox"/> <input type="checkbox"/> |
| 7. Even been knocked unconscious?                        | <input type="checkbox"/> | <input type="checkbox"/> | 22. Had mononucleosis in the past 12 months?               | <input type="checkbox"/> <input type="checkbox"/> |
| 8. Wear glasses, contacts or protective eye wear?        | <input type="checkbox"/> | <input type="checkbox"/> | 23. Had problems with diarrhea/constipation?               | <input type="checkbox"/> <input type="checkbox"/> |
| 9. Ever had frequent ear infections?                     | <input type="checkbox"/> | <input type="checkbox"/> | 24. Have problems with sleepwalking?                       | <input type="checkbox"/> <input type="checkbox"/> |
| 10. Ever passed out during or after exercise?            | <input type="checkbox"/> | <input type="checkbox"/> | 25. If female, have any abnormal menstrual history?        | <input type="checkbox"/> <input type="checkbox"/> |
| 11. Ever been dizzy during or after exercise?            | <input type="checkbox"/> | <input type="checkbox"/> | 26. Ever had an eating disorder?                           | <input type="checkbox"/> <input type="checkbox"/> |
| 12. Ever had seizures?                                   | <input type="checkbox"/> | <input type="checkbox"/> | 27. Ever had emotional difficulties for which professional |   |
| 13. Ever had chest pain during or after exercise?        | <input type="checkbox"/> | <input type="checkbox"/> | help was sought?   | <input type="checkbox"/> <input type="checkbox"/> |
| 14. Ever had high blood pressure?                        | <input type="checkbox"/> | <input type="checkbox"/> | 28. Ever tested positive for HIV or AIDS?                  | <input type="checkbox"/> <input type="checkbox"/> |
| 15. Ever been diagnosed with a heart murmur?             | <input type="checkbox"/> | <input type="checkbox"/> | 29. Ever taken illegal drugs of any kind, even once?       | <input type="checkbox"/> <input type="checkbox"/> |

## STUDENT HEALTH FORM (CONTINUED)

Please explain any "yes" answers, noting the number of them questions:

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Please list below any operations or injuries:

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Please list any allergies we should be aware of (medications, foods, or other such as bee stings):

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### 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:

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\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Name of Examiner

\_\_\_\_\_  
Signature of Examiner

\_\_\_\_\_  
Date



# GENERAL CAMP INFORMATION

## 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.

## AIRPORT 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 official unaccompanied minor with the Airline, 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](mailto: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](mailto:tina.dale@evertacademy.com)

Phone: Direct Line: 561-869-3412

## **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. Campers MUST also bring Face mask(s), Personal Hand Sanitizer and Disinfectant Wipes to last the duration of the camp stay.

## **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               |
| • 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:**

Parents need to send their child with a debit or credit card to use for spending money. If Parent wishes to send cash ETA can hold the cash for the camper and dispense daily at request of camper. Recommended weekly spending money is \$150.00 per week.

## **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.

## **Laundry Room:**

Our Laundry room is fully automated, and campers need to download the App on their phone upon arrival at the Academy. They will need to deposit, via credit or debit card, an amount on the App to use for washers and dryer. Laundry detergent can be purchased at the laundry room or at the grocery store during the grocery store trip on Sunday nights.

## **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 will be charged to the credit card on-file.

**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.

**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.**