



EVERT
Tennis Academy

ACADEMY ENROLLMENT APPLICATION
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.**

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 1st, Spring Semester Due December 1st.

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 17, 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)

PARTICIPANT'S INFORMATION			
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"/> OTHER _____ GRADE: _____			

GUARDIAN 1: <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER			
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: _____			
GUARDIAN 2: <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER			
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: _____			
PRIMARY PARENT (For contact)			
<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER			

EMERGENCY CONTACT	
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) Name of Student)

do hereby confirm the enrollment of my son/daughter in the full-time tennis program for the 20____ - 2-____ year.

He/she will participate in the: All -Day program Development Program Afternoon Academy other
as a Boarding Non-Boarding Student.

He/she will be enrolled from _____ to _____ in Academic School: _____ Grade: _____
(month/day/year) (month/day/year)

We agree to make the tuition payment as specified below:

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)

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 Program 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 **herby 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 point, 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 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:

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

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 th dose required if 3 rd given before age 4	_____	_____	_____	_____	_____
MMR (Mumps, Measles, Rubella) 2 doses required	_____	_____	_____	_____	_____
Hepatitis B (Series of 3 required)	_____	_____	_____	_____	_____
HIB HID 0-14 mo. - 3-4 doses 14-49 mo. - 1 dose	_____	_____	_____	_____	_____
Varicella (Chicken Pox) required unless documented history of disease	Vaccine: _____	Vaccine: _____	_____	Disease: _____	_____
Tuberculosis Test	Date Placed: _____	Within the past year _____	<input type="checkbox"/> Negative 0mm	<input type="checkbox"/> Positive	__Mmx __mn
Have you ever received the BCG Vaccine?	<input type="checkbox"/> YES Date: _____	<input type="checkbox"/> NO	<input type="checkbox"/> Unknown		

1. **DPT/DPTaP5:** 5 doses required. If the 4th primary dose is given on or after the 4th birthday, a 5th 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 3rd dose in an all OPV or all IPV is given on or after the 4th birthday, a 4th dose is not required.
4. **Hib:** Required for childcare, and pre school attendance only.
5. **MMR:** First dose valid if given on or after 1st birthday. Second dose valid if given at least 1 month after 1st 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 prophylactically 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

MEDICATION POLICY FOR BOARDING STUDENTS

The goal of Health Services is to collaborate with students and parents to provide safe medication administration. A copy of this medication policy must be signed and kept in the student's medical chart. All students must have a signed medication consent form on file in Health Services even if they are not taking any medications at the time of enrollment.

Medications are divided into the following types:

LEVEL 1: Vitamins, topical creams & cleansers, eye drops, inhalers, nasal sprays, oral contraceptives, epi-pens, and over the counter medications except those listed in level 2.

LEVEL 2: All prescription medications except those listed in level 1 and 3. All over the counter cough/cold remedies with sleep aids including Benedryl. Antibiotics for acne.

LEVEL 3: Controlled substance medications including those for ADD/ADHD, anticonvulsants, antidepressants, antipsychotics, narcotics, and Accutane. Anti-diabetic medications and supplies, and antibiotics for acute illness.

Students may self administer Level 1 and 2 medications with parental permission and keep those medications in dorm room. Level 3 medications must be housed and administered on a dose by dose basis by Student Services. A student's failure to follow this medication policy will result in disciplinary action.

1. All prescription medications dispensed by Student Services cannot be dispensed without a current physician order on file with English translation.
2. Parents are responsible for keeping Student Services informed about medications that their student requires while at ETA. Parents are also responsible for obtaining the appropriate medication orders from the prescribing physician. Parents may not authorize medication changes or alterations in dosages without a physician order.
3. For students taking medications on level 3, a record will be maintained of the student's medication compliance. Student Services will notify parents/guardians if a student consistently misses his/her medication. Student Services will collaborate with dorm staff, the parent/guardian and student to assist the student in staying compliant with his/her medication regimen. Parents/Guardians may contact Student Services at any time to discuss medication issues.
4. When a student has a medication change, medication that is no longer in use after one month will be discarded. Medication will not be mailed home.
5. Parents/Guardians are responsible for insuring that Student Services has an adequate supply of prescribed medication as well as maintaining a supply at home during breaks and holidays. All prescribed medication must be brought or mailed to Student Services in the original bottle and properly labeled with the student's name and dispensing instructions. Medications will not be dispensed if not received in the original bottle. Parents/guardians will need to keep abreast of when the student's medication needs to be refilled/mailed. Those medications that Student Services orders will be reordered by the Student Services staff.
6. Student Services encourages students to take medications as directed by their physician and makes every effort to help students become accountable and responsible for taking their own medication. Student Services will collaborate with students and their parents/guardians to ensure compliance is achieved. Students are responsible for taking their own prescribed medication and ETA will have no liability whatsoever relating to the use or nonuse of medication.
7. Students with Level 1 and 2 medications will store the medications in a secure manner and will not share their medications with other students.
8. Parents/Guardians or the student may request Student Services oversee the administration of any medication to a student. ETA can revoke the student's right to self administer medications when, in the professional judgment of the Student Services staff, the student has demonstrated an inability to self medicate safely.
9. Failure of students to comply with the medication policy will result in disciplinary action.

I have read and understand the ETA Medication Policy.

Guardian 1 / Parent signature: _____ Date: _____

Student signature: _____ Date: _____

Students Printed Name: _____

BOARDING STUDENTS CONSENT FOR MEDICATION

STUDENT: _____

This form is required for all boarding students, even if they are not currently taking any Medication

Parents and students are required to provide the Evert Tennis Academy ("ETA") with a list of all medications that are currently used by the student. This information should be provided in the spaces below. In accordance with ETA policy, students may self-administer the following medication with parental/guardian permission. ETA reserves the right to revoke a student's right to self administer medication when, in the professional judgment of ETA Health Services staff, the student has demonstrated an inability to self medicate safely.

- LEVEL 1** Vitamins, Topical creams and cleansers, eye drops, inhalers, nasal sprays, oral contraceptives, epi-pens, and over the counter (OTC) medications except those listed in level 2.
- LEVEL 2** All prescription medications except those listed in level 1 and 3. All over the counter cough/cold remedies with sleep aids including Benedryl. Antibiotics for acne.
- LEVEL 3** Controlled substance medications including those for ADD/ADHD, Anticonvulsants, Antidepressants, Antipsychotics, Narcotics and accutane. Antibiotics for acute illness, and anti-diabetic medications and supplies.

List all medications and their dosages (including OTC's and supplements that your student is taking):

MEDICATION	DOSAGE	INSTRUCTIONS

Medication Consent for Self Administration:

Would you like your student to be able to store and self administer Type 1 medications? Yes No
 Would you like your student to be able to store and self administer Type 2 medications? Yes No

Dispensing of Type 3 Medications:

In the event my student takes an off campus trip, I give consent to ETA to dispense my student's prescribed medications to them for self administration. Yes No

Failure to adhere to this policy is a violation of a major ETA expectation and may result in disciplinary action for your son/daughter.

Students taking prescription and/or routine over the counter medications will be required to have a written prescription from his/her physician. Medications will only be allowed in their original prescription bottles. Dosage and frequency changes will require written permission from the physician. Discontinued medications will be discarded after one month. Medications WILL NOT be mailed by Student Services staff. For those student's whose parent's mail their medications, the parent's will be required to send these medications on a timely basis so as not to disrupt the student's medication schedule. Parents must pay particular attention to when these medications will run out and need to be refilled.

I understand that by virtue of granting this consent, my son/daughter will be solely responsible for taking the above medication and that ETA shall have no liability whatsoever relating to the use or nonuse of the medication. I further agree that my son/daughter will store the medication in a physically secure manner while at ETA and will not share the medication with any other person. I understand that at any time, I may request that the Student Services staff oversee the administration of this medication to my son/daughter. I understand that ETA can revoke my son/daughter's right to self administer medication when, in the professional judgment of Student Services staff, my son/daughter has demonstrated an inability to self medicate safely.

Printed Name of Parent/Guardian 1

Date

Signature of Parent/Guardian 1

I understand that I will be solely responsible for taking the above medication and that ETA shall have no liability whatsoever relating to my use or nonuse of the medication. I further agree that I will store the medication in a physically secure manner while at ETA and will not share the medication with any other person. I understand that at any time I may request that the Student Services staff oversee the administration of this medication. I understand that ETA can revoke my right to self administer medications when, in the professional judgment of ETA student services staff, I have demonstrated an inability to self medicate safely.

Signature of Student

Date

ACTIVITY PERMISSION FORM FOR BOARDERS

Dear Parents/Guardians:

In order for your child to be permitted to participate in any of the following list of activities, your prior written approval is required. Please explain to your child your reasons if you do not wish him/her to participate in these activities. However, please be advised that your child may participate in sports activities and play which are not supervised by us or under our control (i.e., rollerblading, skateboarding, "pick-up" basketball games) for which we will have no responsibility.

I give my child permission to participate in all athletic activities offered at the Evert Tennis Academy campus and in off-campus outings to tournaments, the beach, theme parks, malls and other entertainment venues:

YES NO Please list exceptions:

My child may participate in other activities or outings not specifically listed above at the Academy's discretion:

YES NO

I give my child permission to be transported by teachers and/or staff of the academic school he/she is attending while enrolled at Evert Tennis Academy.

YES NO

My child may participate in sport product testing.

YES NO

I give my child permission to go off-campus or on an overnight visit with adult individuals (over 21 years of age) and/or families specified **on the next page**. I understand that my child will not be given permission to go off campus with individual families or other persons unless specified by me in writing.

Signature of Parent/Guardian 1: _____ Date: _____

Printed Name: _____

ACTIVITY PERMISSION FORM FOR BOARDERS (CONTINUED)

Participant's Name: _____
Please specify name of adults (over 21 years of age) who you authorize to "sign out" your child from the Evert Tennis Academy:
(Please specify any restrictions)

(1) Full Legal Name _____ Phone Number: _____

Address: _____

Please indicate: Overnight Dinner School Night Other Activity (specify): _____

Restrictions/Comments: _____

(2) Full Legal Name: _____ Phone Number: _____

Address: _____

Please indicate: Overnight Dinner School Night Other Activity (specify): _____

Restrictions/Comments: _____

(3) Full Legal Name: _____ Phone Number: _____

Address: _____

Please indicate: Overnight Dinner School Night Other Activity (specify): _____

Restrictions/Comments: _____

(4) Full Legal Name: _____ Phone Number: _____

Address: _____

Please indicate: Overnight Dinner School Night Other Activity (specify): _____

Restrictions/Comments: _____

(5) Full Legal Name: _____ Phone Number: _____

Address: _____

Please indicate: Overnight Dinner School Night Other Activity (specify): _____

Restrictions/Comments: _____

(6) Full Legal Name: _____ Phone Number: _____

Address: _____

Please indicate: Overnight Dinner School Night Other Activity (specify): _____

Restrictions/Comments: _____

Signature of Parent/Guardian 1: _____ Date: _____

Printed Name: _____

LIST OF THINGS TO BRING FOR DORM LIFE FOR BOARDERS

• 2 sets of twin sheets (2 fitted, 2 flat)	• Appropriate school dress clothes
• 2 pillow cases	• Hangers
• 6 bath towels	• Toiletry bags and toiletries
• 4 hand towels (for bath and sports)	• Sun screen
• 1 pillow	• Hats / Visors
• 1 blanket	• 2 laundry bags
• Alarm clock	• Sun Glasses
• Sports watch	• Swimming suit and beach towel
• Water jug	• Light jacket
• Appropriate school shoes	• Causal dress for extracurricular activities

SPORT-SPECIFIC

• 10 -12 Pairs of socks	• Warm-up (2)
• 10 -12 T-shirts	• Elastic Bands for warm-ups
• At least 2 pairs of tennis shoes	• String/Grips
• Running Shoes	• Jump rope
• Minimum 2 racquets and a bag	•

Note: Please mark all belongings with participant's name.

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:

VISION	DATE: _____		
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: _____	NOTE: 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: (_____) (_____) _____