

ADULT REGISTRATION FORM

Attn: _____

Step 1: What is your name?

Participant Name: _____

Participant Phone Number: _____
(Country Code)(City/Area code)(Phone Number)

Step 2: When are you coming to IMG Academies?

Arrival Date: _____

Departure Date: _____

Step 3: Please select your SPORT program – lunch is included in all ½ day and full day programs.

TENNIS PROGRAM	GOLF PROGRAM	PERFORMANCE PROGRAM	COMBO PROGRAM
<input type="checkbox"/> 5 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> 1 Day <input type="checkbox"/> 1/2 Day (AM) <input type="checkbox"/> 1/2 Day (PM)	<input type="checkbox"/> 5 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> 1 Day <input type="checkbox"/> 1/2 Day (AM) <input type="checkbox"/> 1/2 Day (PM) <input type="checkbox"/> Beginner School*	<input type="checkbox"/> 5 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> 1 Day <input type="checkbox"/> 1/2 Day (AM) <input type="checkbox"/> 1/2 Day (PM) <input type="checkbox"/> 3 Day Basketball Fantasy Camp*	<input type="checkbox"/> 3 Day Tennis & Golf <input type="checkbox"/> 5 Day Tennis & Golf <input type="checkbox"/> 3 Day Golf & Performance <input type="checkbox"/> 5 Day Golf & Performance <input type="checkbox"/> 3 Day Tennis & Performance <input type="checkbox"/> 5 Day Tennis & Performance
# Days	# Days	# Days	# Days

Step 4: Select available packages

<input type="checkbox"/> CORE PACKAGE	<input type="checkbox"/> ACCELERATED PACKAGE	<input type="checkbox"/> MAX PACKAGE
Includes: <ul style="list-style-type: none">6 hrs on court instructionVideo Analysis (3 days or more)	Includes: <ul style="list-style-type: none">6 hrs on court instructionVideo Analysis½ hr private lesson each day*1 hr Sport Massage 3 for 5 day / 2 for 3 day	Includes: <ul style="list-style-type: none">6 hrs on court instructionVideo Analysis½ hr private lesson each day*1 hr Sport Massage 3 for 5 day / 2 for 3 dayNutrition SessionMental Conditioning Session
Lunch	All meals *lesson only for tennis	All meals *lesson only for tennis

Step 5: Program Customization: We encourage you to customize your program through our approach to total athletic development.

ALA CARTE PERFORMANCE PROGRAMS	THE WELLNESS SPA	OTHER CUSTOMIZATION ELEMENTS
<input type="checkbox"/> Physical Conditioning Session (60 min) <input type="checkbox"/> Mental Conditioning Session (60 min) <input type="checkbox"/> Nutrition Session (60 min) <input type="checkbox"/> Communication by game on <input type="checkbox"/> Vision Training <input type="checkbox"/> Life Skills	<input type="checkbox"/> Deep Tissue Massage (60 min) <input type="checkbox"/> Elemental Nature Massage (60min) <input type="checkbox"/> Carribean Therapy Pedicure <input type="checkbox"/> Rosemary Mint Manicure <input type="checkbox"/> Outer Peace Facial (75 min) <input type="checkbox"/> Cleanse, Haircut & Style (men) <input type="checkbox"/> Cleanse, Haircut & Style (woman) Visit www.imgacademies.com/spa to view a complete menu of services.	<input type="checkbox"/> Private Tennis Lesson* <input type="checkbox"/> Private Golf Lesson* *must be enrolled in program to take Private Lessons

Step 6: Accommodations and dining: Please select your on campus accommodation and dining options if you desire is to stay on campus:

On Campus Accommodations: If your plan is to stay on campus, please select the type of unit you desire.

Lodge: Club Room (1 bed) Club Room (2 beds) 1 Bedroom Efficiency 1 Bedroom Suite 2 Bedroom Suite 3 Bedroom Suite

APV: 3 Bedroom Suite 4 Bedroom Suite APV Guests: Would you like to rent a Golf Cart? Yes* No *additional fees apply

On Campus Dining Options: ½ day and 1+ day programs include lunch. We also offer breakfast and dinner packages for your convenience.

Breakfast & Dinner Package Breakfast, Lunch & Dinner Package
(Guests not participating in a program)

Step 7: Program Advisor / Representative: _____

FOR MORE INFORMATION:

IMG Academies t: 800.872.6425
5500 34th Street West t:
Bradenton, Florida 34210 f:

For a complete list of prices for each sport visit, www.imgacademies.com



Step 8: Please enter the Participant information

Last Name: _____ First Name: _____

Home Address: _____

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

Home Phone: _____ Cell Phone: _____
(Country Code)(City/Area code)(Phone Number) (Country Code)(City/Area code)(Phone Number)

Fax Number: _____ E-mail Address: _____
(Country Code)(City/Area code)(Phone Number)

Gender: Male Female Birth Date: _____ Age: _____
(Month-date-year)

How did you hear about IMG Academies? _____

Step 9: Cancellation Protection: By purchasing Cancellation Protection a registrant is entitled to a full refund for any cancellation made before noon the day prior to check-in. The charge for the Cancellation Protection is 10% of the total purchase and applies to all items purchased. This charge itself is non-refundable and must be purchased at the same time the reservation is booked.

Yes, I would like to purchase Cancellation Protection _____ Initial to Acknowledge

No, I decline to purchase at this time & understand I will not be allowed to purchase at a later time _____ Initial to Acknowledge

Step 10: Payment (Regardless of payment method, we require a credit card on file):

Visa MasterCard Diner's Club American Express

Credit Card #: _____ Exp. Date: _____

Minimum deposit: _____ One week, 100% of the payment is required. Two weeks or more, 50% of the payment is required.

Name of Cardholder: _____ Signature of Cardholder: _____

Check (US bank only) Amount: _____ Date to be mailed: _____

Wire Transfer Amount: _____ Date to be transferred: _____
(include \$25 bank fee)

Note: All payments must be made to IMG Academies. Please include name of participant

Step 11: Terms and Policies A minimum of one week's tuition payment or 50% of the total fee for reservations of two weeks or more is required to be paid at the time of reservation to guarantee your stay. All balances must be paid in full at least 30 days PRIOR to arrival. Shortly after receipt of your reservation form and the minimum payment, a confirmation packet will be mailed to you. The packet contains the required forms for participation in the program. These forms must be received PRIOR to arrival. If your student has a chronic medical condition such as diabetes, severe allergies or the like, please contact IMG's Health Services Dept (941.752.2479) to learn what special requirements might be applicable for your student to attend or board at IMG Academies before you make travel arrangements. You acknowledge and agree to assume and be fully responsible for any and all property damage to the room or any other facilities used at IMG Academies. IMG Academies is not responsible for lost or stolen articles or money. Please 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 are subject to change without notice. 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.

Cancellation Policy (If Cancellation Protection is not purchased) All cancellations must be submitted in writing to the Reservations Department. A refund less a 10% service charge based on the total fees due will be given for cancellations received by IMG Academies at least 28 days in advance. Alternatively, the full amount paid may be credited toward a future reservation. This credit on file will be held for 6 months from the date of cancellation. Cancellations received less than 28 days in advance, but at least 7 days before the scheduled arrival will receive a refund less 25% service charge based on the total fees due. Alternatively, the full amount paid may be credited toward a future reservation. This credit on file will be held for 3 months from the date of cancellation. Cancellations received less than seven days before scheduled arrival or after scheduled arrival date, will result in forfeiture of all fees. Cancellations due to medical reasons will be handled on an individual basis depending upon circumstances involved.

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 Bradenton, 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 attorneys 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.

Participant Signature: _____ Date: _____

RETURN REGISTRATION FORM TO:

IMG Academies
 Attn: _____
 5500 34th Street West
 Bradenton, Florida 34210

t:
 f:
 e:

