BASKETBALL WEEKLY YOUTH REGISTRATION FORM

Attn: VENE0618

Step 1: What is your name? Participant Name: _____

Step 2: When are you coming to IMG Academies?

Arrival Date: _____ Departure Date: _____

Step 3: Will you be staying on-campus?

☐ Junior Boarding (Age 18 or less) (All Meals Included)
☐ Junior Non-Boarding (Lunch Included)
☐ Post Grad Boarding (Age 19+) (All Meals Included)
☐ Post Grad Non-Boarding (Age 19+) (Lunch Included)

Roommate request for Boarding Junior: _____

Step 4: Please select your program.

Every camp, regardless of length, features a Core training program that includes sport instruction plus group physical conditioning and mental conditioning with performance specialists. TOTAL ATHLETE training programs are designed to help facilitate increased development and higher performance with one extra hour per day of small-group training in the following: mental toughness, nutrition, speed/movement, communication and vision/reaction.

BASKETBALL

WEEKLY CAMPS Please indicate the number of weeks you are attending: ☐ 1 ☐ 2 ☐ 3 ☐ 4 Other: _____

	TOTAL ATHLETE	CORE		TOTAL ATHLETE	CORE
WEEKLY CAMP	☐	☐	PRESIDENTS' WEEK CAMP	☐	☐
WEEKLY CAMP + ENGLISH (ESL)	☐	☐	THANKSGIVING CAMP	N/A	☐
WEEKLY CAMP + PERFORMANCE	☐	☐	HOLIDAY CAMP	☐	☐
MULTI-WEEK CAMPS					
2-WEEK CAMP	☐	☐	5-WEEK CAMP	☐	☐
3-WEEK CAMP	☐	☐	5-WEEK CAMP + ENGLISH (ESL)	☐	☐
3-WEEK CAMP + ENGLISH (ESL)	☐	☐	5-WEEK CAMP + SAT	☐	☐
3-WEEK CAMP + SAT	☐	☐	5-WEEK CAMP + TOEFL	☐	☐
3-WEEK CAMP + TOEFL	☐	☐	5-WEEK CAMP + HIGH SCHOOL	☐	☐
LEAGUE CAMPS					
7-WEEK CAMP	N/A	☐			

Program Advisor / Representative: _____

Step 5: Optional Multi-Sport: If you plan to attend an additional week in a different sport fill out the information below.

Sport: _____ Program Start Date: _____

Program: _____ Program End Date: _____

Step 6: Optional Performance Upgrades: If you are interested in purchasing additional performance training sessions, please contact Chris King at (941) 739-7476 or christopher.king@imgworld.com to discuss scheduling.

	1 ON 1 TRAINING	
	1 SESSION	# OF SESSIONS
MENTAL CONDITIONING	☐ $140	_____
NUTRITION	☐ $140	_____
ATHLETIC BODY MANAGEMENT	☐ $140	_____

Core Camp: If you choose the Core Camp we recommend booking no more than 5 performance upgrades per week.

Total Athlete: If you choose the TOTAL ATHLETE camp we do not recommend booking any additional performance upgrades.

If a chronic medial condition exists please contact Health Services at 941-752-2479 to discuss these CONDITIONS prior to enrolling.

FOR MORE INFORMATION:

IMG Academies
5500 34th Street West
Bradenton, Florida 34210

TEL:941.447.2966
EMAIL: info@thesportsacademies.com
FAX: 1888.508.1642 For a complete list of prices for each sport visit, www.thesportsacademies.com

IMG ACADEMIES

BASKETBALL WEEKLY YOUTH REGISTRATION FORM

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Step 7: Student Information

Last Name: _____ First Name: _____

Home Address: _____

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

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

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

How did you hear about IMG Academies? _____

Parent/Guardian:

Last Name: _____ First Name: _____

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

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

Parent's E-mail Address: _____

Step 8: 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 9: Payment (Regardless of payment method, we require a credit card on file):

☐ Visa ☐ MasterCard ☐ Diner's Club ☐ American Express

Credit Card #: _____ Exp. Date: _____

Name of Cardholder: _____ Signature of Cardholder: _____

Deposit Amount: _____ Due at time of reservation. Balance Amount: _____ Due 30 days prior to arrival

Total Reservation Amount: _____ One week 100%, two weeks or more 50% of payment is required if booked prior to 30 days of arrival.

☐ Wire ☐ Check (US bank only) Amount: _____ Date to be sent: _____
(include $25 bank fee if wiring)

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

Step 10: 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 IMGA'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: _____

If Participant is under 18,
Parent/Guardian's Signature: _____ Date: _____

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