

# BASEBALL WEEKLY YOUTH REGISTRATION FORM

Attn: \_\_\_\_\_

## 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 20 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

### BASEBALL

#### WEEKLY CAMPS

Weekly/Summer Camp (1+ wks)

Weekly/Summer Camp + ESL Classes (1+ wks)

#### MULTI-WEEK CAMPS

IMG Summer Wood Bat League

IMG 14U Summer Wood Bat League

5-Week Summer Baseball Camp

5-Week Summer Baseball Camp + ESL Classes

5-Week Summer Baseball Camp + High School Classes

5-Week Summer Baseball Camp + SAT/College Prep

5-Week Summer Baseball Camp + College Classes

3-Week Summer Baseball Camp

Program Advisor / Representative: \_\_\_\_\_

## Step 5: Program Optimization: Now that you have chosen your sport, we would like to encourage you to OPTIMIZE your program through our approach to becoming THE TOTAL ATHLETE.

**THE TOTAL ATHLETE EXPERIENCE:** Program includes an extra hour of training per day covering the following topics during a week of camp:

DAY OF WEEK	SPORT DISCIPLINE	DURATION	TOTAL COST
MONDAY	SPEED TRAINING	<input type="checkbox"/> 1 WKS	\$475
TUESDAY	MENTAL CONDITIONING	<input type="checkbox"/> 2 WKS	\$925
WEDNESDAY	NUTRITION	<input type="checkbox"/> 3 WKS	\$1,340
THURSDAY	COMMUNICATION BY GAME ON	<input type="checkbox"/> 4 WKS	\$1,730
FRIDAY	VISION TRAINING	<input type="checkbox"/> 5 WKS	\$2,115
SATURDAY	OFF DAY	<input type="checkbox"/> 6 WKS	\$2,450

**College Advantage:** We bundled five college placement courses per week into a program that you can add to your core sport program. On average, this would add another hour a day to your camp.

DAY OF WEEK	SESSION	DURATION	TOTAL COST
MONDAY	IDENTIFY SCHOOL	<input type="checkbox"/> 1 WKS	\$370
TUESDAY	NCAA GUIDELINES	<input type="checkbox"/> 2 WKS	\$735
WEDNESDAY	COLLEGE LIFE	<input type="checkbox"/> 3 WKS	\$1,100
THURSDAY	APPLICATIONS & FINANCIAL AID	<input type="checkbox"/> 4 WKS	\$1,470
FRIDAY	COLLEGE TESTING	<input type="checkbox"/> 5 WKS	\$1,840

**Performance A La Carte:** (You choose which IPI disciplines that will most benefit you and how often to take them)

A LA CARTE	1 ON 1 TRAINING		SMALL GROUP TRAINING		
	1 SESSION	5 SESSIONS	1 SESSION	3 SESSIONS	5 SESSIONS
MENTAL CONDITIONING	<input type="checkbox"/> \$140	<input type="checkbox"/> \$630	n/a	n/a	n/a
SPEED TRAINING	n/a	n/a	<input type="checkbox"/> \$95	<input type="checkbox"/> \$285	<input type="checkbox"/> \$425
LIFE SKILLS	<input type="checkbox"/> \$140	<input type="checkbox"/> \$630	n/a	n/a	n/a
COMMUNICATION BY GAME ON	n/a	n/a	<input type="checkbox"/> \$95	<input type="checkbox"/> \$285	<input type="checkbox"/> \$425
NUTRITION	<input type="checkbox"/> \$140	<input type="checkbox"/> \$630	n/a	n/a	n/a
ATHLETIC REGENERATION	<input type="checkbox"/> \$140	<input type="checkbox"/> \$630	n/a	n/a	n/a
VISION TRAINING	n/a	n/a	<input type="checkbox"/> \$95	<input type="checkbox"/> \$285	<input type="checkbox"/> \$425

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 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](http://www.imgacademies.com)



**Step 6: 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)  
Student's E-mail Address: \_\_\_\_\_  
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 7: 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 8: 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 9: 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: \_\_\_\_\_  
If Participant is under 18,  
Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN REGISTRATION FORM TO:**

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