

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

FOOTBALL		
ALL-POSITION CAMPS	POSITION-SPECIFIC CAMPS	QUARTERBACK TRAINING
<input type="checkbox"/> Holiday Football Camp	<input type="checkbox"/> Arc 'N Pace Passing Camp	<input type="checkbox"/> GameChanger Week
<input type="checkbox"/> Kickoff Weekend Football Camp	<input type="checkbox"/> Big Man Football Camps	<input type="checkbox"/> IMG Madden QB Club
<input type="checkbox"/> All-Madden Football Camp	<input type="checkbox"/> Kicking Camps	
MULTI-WEEK CAMPS		
<input type="checkbox"/> 5-Week Summer Football Camp	<input type="checkbox"/> 5-Week Summer Football Camp + ESL Classes	
<input type="checkbox"/> 5-Week Summer Football Camp + High School Classes	<input type="checkbox"/> 5-Week Summer Football Camp + SAT/College Prep	
<input type="checkbox"/> 5-Week Summer Football Camp + College Classes	<input type="checkbox"/> 3-Week Summer Football 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 <i>GAME ON</i>	<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 <i>GAME ON</i>	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



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: