



JUNIOR PROGRAM HELPFUL INFORMATION

Required forms for participation in the program

- Included in this packet are the required forms for participation in the program. In order to avoid any delay in your in participating in the program, please send these forms to Guest Relations (Fax: 941.752.2630 or GuestRelations@imgworld.com) **one month prior** to arrival *and* bring a hard copy with you.
- In addition to the Registration form (2 pages), the other required forms include: Consent for Treatment/Activities (1 page), Student Health Record/Physicians Report (5 pages), and the Waiver and Indemnification/Agreement to Participate (2pages). . **All individuals under the age of 21 are required to submit these forms, regardless of their boarding status.**
- All participants under the age of 21, must have a *current physical* signed by a licensed physician or CRNA (within one year of arrival at IMG Academies) to include the immunization record. **We will only accept IMG forms and cannot accept other physical forms from doctor's offices, other school physicals or letters.** Also, we cannot accept forms translated into another language.
- If the participant has a chronic medical condition which requires special attention 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 to attend or to board at IMG Academies **before you make travel arrangements.**
- All forms expire one year from the date of the physical. For questions regarding forms, please contact Guest Relations at 941.755.1000 or GuestRelations@imgworld.com.

Arrival/Departure

- Registration is in the Indoor Center (June - August) or at the junior front desk (September – May) of IMG Academies. All students are required to check- in upon arrival.
- **Check-in is on Sunday after 11:00 a.m.** It is mandatory for both boarding and non-boarding students to check-in on Sunday. A daily schedule will be given to each student at check-in. Boarding students will be assigned a room. Plane tickets, passport, student bank money and important documents must be handed in for safe keeping during the student's stay. Orientation is held after dinner on Sunday evening. At that time, all rules and regulations are covered.
- **Mandatory checkout is on Saturday before 12 noon.** All boarding students must checkout of their dorms by this time, unless they are continuing into the following week's program. Students may store bags and materials at the designated check out area until their departure time.

Weather Policy

- In case of rain or other inclement weather, sport programs may be shortened. No refunds or discounts will apply.

IMG Academies
5500 34th Street West
Bradenton, Florida 34210
Email: netsales@imgworld.com • www.imgacademies.com

Reservations: 800.872.6425
941-752-2600
Fax: 941.752.2531

Accommodations

- Boarding students are housed in a 2 bedroom/2 bath or a 3 bedroom /2 bath apartment. Each apartment can accommodate 6 -12 students. Apartments have a common living room containing a refrigerator and are air-conditioned. Please note that pets are not allowed on campus, with the exception of service dogs.
- Staff supervises the apartments, 24 hrs per day/seven days per week. We do not have staff living in the buildings.
- Students are housed by gender and age and not necessarily by sport. Staff will make every attempt to accommodate roommate requests.
- Parents and families may choose to stay in one of our family facilities on campus. We have 1, 2 or 3 bedroom suites and 3 or 4 bedroom condos on-site. Please contact the Reservations Office at 941.752.2600 for pricing and availability.

Suggested Items to Bring

- The items below are based on a one-week stay at the Academy. Students staying multiple weeks will need to adjust this list to accommodate their stay. Laundry service is available.

8-10 pairs of shorts/skirts	running shoes	sunscreen/lotion
8-10 pairs of socks	swimsuit	personal toiletries
8-10 pairs of shirts/tops	beach/bath towels*	lock
Stamps/writing material	alarm clock	laundry bag
X-long twin-size sheets *	lightweight jacket	water jug
Pillowcase*	phone card for long distance	

****Please note the Academy does not provide any sheets/pillowcases or towels. Each student needs to bring his/her own from home. Pillows and mattress pads are provided. Blankets are available upon request.***

- IMG Academies is not responsible for lost or stolen articles of clothing. We recommend not bringing any expensive or unnecessary items. Please mark all clothing and equipment with the student's name.
- Formal dress is not needed. Any after-sport activity will require casual dress only.

Laundry and Linens

- Laundry service is available for our students. A pick up schedule is posted and available at check-in. Laundry is picked up, washed, dried, folded, and returned 24 hours later. This service is payable in cash at drop off.
- Pillow and mattress pads are provided. Each student should bring x-long, twin-size flat and fitted sheets, a pillowcase and towels. All items brought to IMG Academies should be marked with an indelible pen. Blankets are available upon request.

Mail

- Please send mail to students at the following address:
Student's Name
C/o IMG Academies
5500 34th Street West
Bradenton, FL 34210

Students may pick up and drop off mail in the mailroom during posted hours of operation, (between 10:00 a.m. and 6:00 p.m., Monday through Friday.) It is suggested that they bring their own stamps and writing material. Students may pay for postage during Mailroom hours.

Phone/Fax

- There are phones available in each apartment for the student's use. It is recommended students call home upon arrival and notify their family of their room number, bed number and phone number with extension. Students have voice mailboxes and can receive messages. Students are permitted to bring cell phones to camp.
- Long distance and international calls can be placed directly from the room, provided the student uses a phone card, credit card or calls collect. Phone cards may be purchased at the Front Desk.
- The switchboard closes at 11:00pm. **In the event of an emergency, call IMG Academies at 941.755.1000.** The on-site Property Manager and staff will assist your son/daughter in contacting you immediately.
- Students can receive faxes at 941.752.2528.
- A courtesy phone is available in the front desk lobby for local calls. Calling cards may be used on this phone.

Dining

- Cafeteria-style dining is offered in the junior dining room. Students must have their identification card (issued at check-in) to be served.
- Lunch is provided for all non-boarding students. Additional meals can be purchased at the junior front desk. You can also purchase a meal package from the reservation department.

Health Services

- Health Services is comprised of Registered Nurses and Licensed Practical nurses to provide care to your child. They are available on campus or by phone seven days a week, twenty-four hours a day. They provide first aid, dispensation of medications and observation beds. Their goal is to assure that your child has a safe and healthy camp experience.
- Your child should not bring over-the-counter medications to camp. Health Services have medications available for pain, fever, cough, allergy symptoms, nausea, diarrhea, headache and insect bites.
- If your child receives daily medication, they should be brought to Health Services upon arrival. **Students are not allowed to keep any medications in their rooms.** Prescription medications must be in original containers and labeled with the child's name (not another family member's name), prescribing doctor's name and directions as to how medication is to be given. Do not send medications in weekly pill dispensers. When applicable, please provide English translation for medications.
- **If your student is taking medications by injections these must be approved by Health Services BEFORE your student arrives at IMG. There are many medications such as allergy shots that are not given at IMG.**
- If the participant has a chronic medical condition which requires special attention 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 to attend or to board at IMG Academies **before you make travel arrangements.**
- Please provide your child with sunscreen and insect repellent. Instruct your child to apply sunscreen **numerous** times a day.
- Please instruct your child on the importance of adequate fluid consumption. The students work hard outside in a hot and humid climate. Dehydration occurs quickly. There are several ice machines and water faucets, available all hours on campus to fill containers. In addition, water and Gatorade are provided at each sport.
- If you have any questions, please call Health Services at 941-752-2479.

Spending Money

- A personal account may be opened for each student with cash, check or credit card payment. If a credit card is used, the 'Student Bank Form' must be completed. Based on past history, an amount of \$100 per week is adequate for personal spending. Additional money may be deposited at any time.
- Withdrawals from the account may be done during posted bank hours. No exceptions are made to these hours. Prior to departure, students should withdraw all money remaining in the account. If the student fails to withdraw funds, a check will be sent to the student's home address.
- IMG Academies is not responsible for any money that is *not* deposited in a student's personal bank account.

International Wire Payment Instructions

- Wire payment to: Wachovia
ABA #063000021
Swift Code #: PNBP US 33
Bank Address: 6285 14th Street West
Bradenton, Florida 34207
Credit Account: #20000 157 64494
Name: IMG Academies LLP

**** NOTE: BE SURE THAT THE PARTICIPANT'S NAME IS ON THE WIRE. ****

- Processing fees incurred during the transfer of monies as the sender pays them clear through all banking channels
- The amount of the credit to your account by Bollettieri Inc., d/b/a IMG Academies is the exact dollar amount received from the bank.

Additional Activities

- All activities are supervised and may include trips to the beach, mall, theaters, and theme parks (Busch Gardens, Disney World, and Universal Studios, etc.). The cost of these activities and any related transportation fees are in addition to the camp fee. The fees are deducted from student's personal accounts or paid by cash prior to departure.

Pro Shop

- There are two Pro Shops, one located by the Jr. Pool and the other one at the Country Club. The Pro Shops are fully stocked with IMG Academies' sport logo merchandise, training gear, teaching manuals, videotapes, nutritional guides, mental efficiency books and Gatorade.
- Students are allowed to charge purchases to their student bank account or a credit on file if the 'Student Bank' form is completed and on file.

Personal Items/Lockers

- There is limited locker space available on campus. Locks may be purchased at the front desk. Non-boarding students must remove their belongings nightly.
- **IMG Academies is not responsible for any lost or missing items.** It is recommended that electronic items (iPods, Game Boys, Computers, etc.) not be brought to camp. All personal items should be clearly marked in indelible pen.
- Lost and found items are kept at either the Front Desk or Student Services Office.

Parking

- All students who drive themselves here must receive a parking pass from the operations center (front gate) when they arrive at the Academy. The student will be directed to the appropriate parking area. Failure to park in an appropriate area will result in towing of the vehicle.
- Boarding students are not permitted use of their vehicle while enrolled in any of our boarding programs. The student's keys are to be turned in and placed in the manager's safe. The student can pick them up when he/she checks out of the Academy.

TRANSPORTATION TO IMG ACADEMIES:

Please make all travel arrangements at least **48 hours in advance** by written, phone, or fax confirmation. Immediately notify our Transportation Department of any changes at 941.755.1000. Prices are subject to change. Please contact the **Transportation Department at 941.755.1000 or transportation@imgworld.com** for prices. For your convenience, a transportation form is provided.

By Car

- **Traveling from the South on Highway 41:** From Sarasota, follow Hwy. 41 to 53rd Avenue West and turn left. Go to 34th Street West and turn left. Go to the next light (Bayshore High School) and the entrance to IMG Academies is on your right.
- **Traveling from the South on I-75:** Take Exit 217 B (old exit 41 B) and travel west on State Road 70 for approximately 20 minutes. Go to 34th Street West and turn left. Go to the next light (Bayshore High School) and the entrance to IMG Academies is on your right.
- **Traveling from the North on Highway 41:** To Bradenton, stay on Hwy. 41 to 53rd Avenue West and turn right. Go to 34th Street West and turn left. Go to the next light (Bayshore High School) and the entrance to IMG Academies is on your right.
- **Traveling from the North on I-75:** Take Exit 217 (old exit 41) and travel west on State Road 70 for approximately 20 minutes. Go to 34th Street West and turn left. Go to the next light (Bayshore High School) and the entrance to IMG Academies is on your right.
- **Directions from Sarasota/Bradenton Airport:** Turn right out of airport exit onto University Parkway. Turn right onto U.S. 41 North (also Tamiami Trail). Tamiami Trail becomes 14th Street West. Turn left onto 53rd Avenue West. Turn left onto 34th Street West. Turn right at the first light. This is the main entrance to IMG Academies.
- **Directions from Tampa International Airport:** Follow I-275 South across the Sunshine Skyway Bridge, to I-75 South. Take I-75 South to Exit 217 (old exit 41) (State Road 70), travel west on State Road 70 (becomes 53rd Avenue). Approximately ten miles to 34th Street West. Take a left on 34th Street West. At the first stoplight turn right. This is the main entrance to IMG Academies.

By Air

- Transportation to and from Sarasota/Bradenton Airport is \$31 per person each way. Call for group rates.
- Transportation to and from the Tampa International Airport is \$110 per person each way. Call for group rates.
- There is an additional charge of \$25 each way to pick students that are traveling as **unaccompanied minors** up at the gate. If your child is traveling as an unaccompanied minor, please indicate this on the transportation form or notify us in advance. Please note that an additional \$10 per hour will be charged if the driver has to wait with the minor longer than two hours for flights departing out of the Sarasota/Bradenton Airport.

By Bus

- The Greyhound Bus Depot is located in downtown Bradenton, approximately 15 minutes from IMG Academies. Transportation to and from the Greyhound Bus Depot is \$26 per person each way. Call for group rate.

Dear Parents, Guardians and Student/Athletes:

The Health Services Department would like to welcome your child to IMG Academies short time program. Our Health Services Department is comprised of nurses who provide first aid, dispensation of medications and maintain observation beds. We are available on campus or by phone seven days a week, twenty-four hours a day. It is our goal to promote a healthy training experience. To assist us in achieving our goal, please read and comply with the following:

All Health Service forms must be completed and returned four (4) weeks prior to traveling to IMG Academy. Please make copies of all completed forms and keep for your files. If it is more convenient, forms may be faxed directly to Health Services at (941) 752-2626.

Student Health Record/Physicians Report

- Parent/Guardian should use only the IMG history and physical forms provided. Unsatisfactory or non IMG documentation will not be accepted.
- Physicals must be performed within 11 months of arrival at IMG. The physical cannot expire while your child is at IMG.
- Cardiac evaluation questions must be completed by your physician. If any of these questions are marked "yes", regardless of the reason, the athlete is required to have a cardiologist letter of clearance, ECG, and echocardiogram. Results of these tests and the letter of clearance from cardiologist must be on file prior to student's arrival.
- Parents/guardian must sign all forms where indicated.
- The physician must sign forms and print or stamp address/phone number where indicated.
- If your student has a chronic medical condition such as diabetes, epilepsy, seizures, or neuromuscular disease there might be special requirements that are applicable for your student to attend or board at IMG Academies. Please contact Health Services at 941-752-2479 to discuss these requirements prior to any travel arrangements being made to IMG Academies.

Please note: Students who arrive without all forms satisfactorily completed will not be allowed to participate until this requirement has been met.

Immunizations

- Parent/Guardian is required to provide proof of immunization according to the State of Florida.
- We strongly recommend that your child have two (2) MMR, varicella, and the meningitis vaccine. *Medications for Boarding Students*
- Your child should not bring over-the-counter medications to camp unless required by your child's physician. We have medications available for pain, fever, allergy symptoms, nausea, diarrhea, headache and insect bites.
- If your child receives daily medication, they should be brought to Health Services upon arrival. Students are not allowed to keep any medications in their rooms. Prescription medications must be in original containers and labeled with the child's name (not another family member's name), prescribing doctor's name and directions as to how medication is to be given. Do not send medications in weekly pill dispensers. When applicable, please provide English translation for medications. **If your student is taking medications by injections these must be approved by Health Services BEFORE your student travels to IMG. There are many medications such as allergy shots that are not given at IMG.**

Other

- Please provide your child with sunscreen and insect repellent. Please instruct your child to apply sunscreen *numerous* times a day.
- Please instruct your child on the importance of adequate fluid consumption. The students work hard outside in a hot and humid climate. Dehydration occurs quickly. Your child will need a container to have ice water, etc. available to him/her at sports. Drink containers are not given to campers. There are several ice machines and water faucets available all hours on campus to fill containers. Your child will have the opportunity to purchase sports drinks during shopping outings. Health Services does provide Gatorade as a first aid measure only.

We look forward to having your child here with us. We hope the experience benefits your child and encourages a healthy lifestyle. If you have any questions, please call Health Services at 941-752-2479.

Sincerely,
Sharon Zimmerman, RN
Director of Health Services

(back of Consent for Treatment; there is no information contained on this page)



STUDENT HEALTH RECORD/ PHYSICIAN'S REPORT

5500 34th Street, West; Bradenton, FL 34210
 941-752-2479 Fax: 941-752-2626

Student Name: _____ **Date of Birth:** _____ / _____ / _____
month day year

Sex: Male Female **Sport (circle):** Golf, Soccer, Baseball, Basketball, Tennis, USSF, Swimming, Performance

Boarding: Nonboarding: **Parent / Guardian Name:** _____

Student cell: _____ **Student email:** _____

Parent's Cell: _____ **Parent's email:** _____

TO BE COMPLETED BY PARENT OR GUARDIAN:

Any known Allergies: Yes No Reactions? (*List*)

HEALTH HISTORY:

01	Anemia	<input type="radio"/> Yes <input type="radio"/> No Date: _____	Comments:
02	Ear Infection	<input type="radio"/> Yes <input type="radio"/> No Date: _____	Comments:
03	Hepatitis	<input type="radio"/> Yes <input type="radio"/> No Date: _____	Comments:
04	Meningitis	<input type="radio"/> Yes <input type="radio"/> No Date: _____	Comments:
05	Mononucleosis	<input type="radio"/> Yes <input type="radio"/> No Date: _____	Comments:
06	Pneumonia	<input type="radio"/> Yes <input type="radio"/> No Date: _____	Comments:
07	Sinusitis	<input type="radio"/> Yes <input type="radio"/> No Date: _____	Comments:
08	Tonsillitis	<input type="radio"/> Yes <input type="radio"/> No Date: _____	Comments:
09	Asthma/bronchitis	<input type="radio"/> Yes <input type="radio"/> No Date: _____	Comments:
10	Does the student have painful periods? <input type="radio"/> Yes <input type="radio"/> No How is it treated?		
11	Does the student have an ongoing illness or chronic condition such as diabetes?	<input type="radio"/> Yes <input type="radio"/> No	
12	Has the student ever had a rash or hives develop during or after exercise?	<input type="radio"/> Yes <input type="radio"/> No Date: _____	
13	Does the student have any current skin problems (ex: itching, rashes, acne, warts, fungus)	<input type="radio"/> Yes <input type="radio"/> No Date: _____	
14	Has the student ever had a head injury or concussion?	<input type="radio"/> Yes <input type="radio"/> No Date: _____	
15	Has the student ever been knocked out, become unconscious, or lost their memory?	<input type="radio"/> Yes <input type="radio"/> No Date: _____	
16	Has the student ever had a seizure?	<input type="radio"/> Yes <input type="radio"/> No Date: _____	
17	Does the student have frequent or severe headaches or migraines?	<input type="radio"/> Yes <input type="radio"/> No Date: _____	
18	Has the student ever had numbness or tingling in their arms, hands, legs, or feet?	<input type="radio"/> Yes <input type="radio"/> No Date: _____	
19	Does the student cough, wheeze, or have trouble breathing during or after activity?	<input type="radio"/> Yes <input type="radio"/> No Date: _____	
20	Does the student have asthma?	<input type="radio"/> Yes <input type="radio"/> No Date: _____	
21	Has the student or any family member ever had an adverse reaction to anesthesia (ex: malignant hyperthermia)?	<input type="radio"/> Yes <input type="radio"/> No Date: _____	
22	Does the student have a history of or currently have an eating disorder?	<input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No Date: _____	

***** If your student has a chronic medical condition such as diabetes, epilepsy, seizures, or neuromuscular disease there might be special requirements that are applicable for your student to attend or board at IMG, Please contact Health Services at 941-752-2479 to discuss these requirements prior to any travel arrangements being made to IMG.**

Explain "YES: Answers: _____

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 (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

Date of Completion

STUDENT NAME: _____ Date of exam: _____

PHYSICIANS REPORT

IMG Academies 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 Preparticipation Screening . **If any of the following criteria are present, regardless of the reason, then all of the following items are required prior to participating at IMG Academies: (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 travel to IMG.

12 POINT 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: _____	YES: _____	
Syncope/near syncope	NO: _____	YES: _____	
Excessive exertional and otherwise unexplained dyspnea/fatigue associated with exercise	NO: _____	YES: _____	
Prior recognition of heart murmur	NO: _____	YES: _____	
Elevated blood pressure	NO: _____	YES: _____	
FAMILY MEDICAL HISTORY:			
Premature death (sudden or otherwise) related to heart disease in relatives younger than 50 years	NO: _____	YES: _____	
Disability from heart disease in close relative younger than 50 years	NO: _____	YES: _____	
Specific knowledge of hypertrophic or dilated cardiomyopathy, ion channelopathies such as long QT syndrome, Marfan Syndrome, or clinically important arrhythmias	NO: _____	YES: _____	
PHYSICAL EXAMINATION:			
Heart murmur	NO: _____	YES: _____	
Aortic Coarctation noted on Femoral Pulse Exam	NO: _____	YES: _____	
Physical stigmata of Marfan syndrome	NO: _____	YES: _____	
Abnormal Brachial artery blood pressure (sitting position)	NO: _____	YES: _____	

Notes: _____

Remember any “yes” answers need to result in: (1) ECG (2) echocardiogram (3) letter of clearance from a cardiologist to be delivered prior to student’s travel to IMG.

SCREENING TESTS

VISION	DATE: _____			
Distance Acuity	Right _____ Left _____	With correction	Wears Glasses	<input type="radio"/> Yes <input type="radio"/> No
	Right _____ Left _____	With out correction	Wears Contacts	<input type="radio"/> Yes <input type="radio"/> No

PHYSICIAN'S EXAMINATION

Height: _____	BP: _____	Medications: _____	Reason Taken: _____
Weight: _____	Pulse: _____	Rx: _____	_____
		_____	_____
		_____	_____

STUDENT NAME: _____ Date of exam: _____

PHYSICIANS REPORT

Describe any variations from the norm **N = Normal** **Ab = Abnormal**

Teeth: _____	Extremities: _____	Other: _____
Glands: _____	Eyes: _____	Menses: _____
Lungs: _____	Ears: _____	Chest x-ray: _____
Skin: _____	Abdomen: _____	
Heart: _____	GI system: _____	
Scalp: _____	Vital Signs: _____	
Abnormal 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 IMG Academies to enable the student to participate in athletics or to provide for student's well being: _____

I understand that IMG Academies programs may include vigorous physical activities and exertion, which can occur in a hot and humid environment, such as Bradenton, 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: _____

Address: _____

City, State, Zip: _____

_____ *Examiner's Signature* _____ *Date*

Phone: (_____) _____

STUDENT NAME: _____

VACCINATION HISTORY

IMMUNIZATIONS	DATES RECEIVED (MM/DD/YY)				
DPT (diphtheria, tetanus, prtussis) or TD (tetanus, ditheria) 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)					
Varicella (Chicken Pox) required unless documented history of disease	Vaccine: _____	Vaccine: _____		Disease: _____	
Meningococcal					

MMR / Varicella Vaccine

I understand that the MMR and varicella vaccine is strongly recommended by the Centers for Disease Control (CDC) in Atlanta for students.

- I wish to decline the above vaccines for my student. I understand and accept the risks of my student not having this vaccine which can cause very severe illness and death. (if attending school, MMR, varicella, is required by the State of Florida).
- I will take my student to his/her local physician or Health Department to obtain the MMR and varicella vaccine and I will provide IMG Academies with proof of vaccination.
- My student has already received the MMR and varicella vaccine, and I will provide IMG Academies with proof of vaccination.

Person Completing Vaccination Form: _____

Date: _____

STUDENT NAME: _____

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, except for question # 10, will require a TB test or chest x-ray)

Date of Test: _____	Date Read: _____	2nd Test Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Site: _____	Results in MM: _____	Date of 2nd Test: _____
By: _____	By: _____	Site: _____
Manufacturer: _____		By: _____
Lot #: _____	Results in MM: _____	Expiration Date: _____

Meningococcal Vaccine

I understand that the meningococcal (meningitis) vaccine is strongly recommended by the Centers for Disease Control (CDC) in Atlanta for students.

- I wish to decline the meningococcal vaccine for my student. I understand and accept the risks of my student not having this vaccine 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 IMG Academies with proof of vaccination.
- My student has already received the meningococcal vaccine, and I will provide IMG Academies with proof of vaccination.

Signature of Parent/Guardian

Date of Completion

NOTE: THIS FORM IS DUE ANNUALLY



WAIVER AND INDEMINIFICATION - 2009/2010

Participant's Name: (please print) _____ Program: _____

Waiver: In consideration of IMG Academies LLP (hereafter "IMG") accepting the enrollment of Participant in a program at IMG and/or Participant's use (today and on all future dates) of the property, facilities, parking lot, buildings, fields, equipment, housing, dining areas (if applicable) and services of IMG, Participant and his/her Parent/Guardian, on behalf of Participant's heirs, next of kin, personal representatives, and/or assigns, promise not to sue or bring any action against IMG, its affiliated companies, or any of their members, directors, officers, employees, volunteers, sponsors, independent contractors or agents, and release each of them from all liability in connection with all claims for (1) personal injury or illness (including death) and (2) damage to, or loss or theft of, property (including personal items, car, and money), arising from Participant's: enrollment in a program at IMG; presence at IMG; receipt of medical care or treatment for any physical or mental condition; use of IMG's facilities, services, premises and equipment; as well as Participant's negligence, willful misconduct, or criminal behavior; involvement in accidents; participation in horse play, sport program practices, tournaments, instruction, school activities, and social activities; travel; exposure to inclement weather; and/or any other circumstance or cause of a similar nature, but excluding IMG's willful misconduct or criminal behavior.

Publicity Consent: Participant and Parent/Guardian consent to all recording, photographing and filming of Participant and all agree that IMG can use these recordings and images at any time and in any manner without payment to, or additional consent of Participant or Parent/Guardian.

Indemnification: Participant and Parent/Guardian also agree to indemnify and hold harmless IMG and its affiliated companies and each of their members, directors, officers, employees, volunteers, sponsors, independent contractors and agents, from all claims and amounts related to legal and other action brought against IMG for damages caused by Participant (i.e. for damages incurred while fighting with another participant) and to reimburse IMG for any expenses incurred for claims brought against IMG as a result of Participant's enrollment in a program at IMG; presence at IMG; receipt of medical care or treatment for any physical or mental condition; use of IMG's facilities, services, premises and equipment; as well as Participant's negligence, willful misconduct, or criminal behavior; involvement in accidents; participation in horse play, sport program practices, tournaments, instruction, school activities, and social activities; travel; exposure to inclement weather; and/or any other circumstance or cause of a similar nature, but excluding IMG's willful misconduct or criminal behavior. Participant and Parent/Guardian agree to pay all costs and attorneys' fees incurred by IMG in investigating and defending a claim or suit but only if Participant's (or Parent/Guardian's) claim is withdrawn or to the extent an arbitrator determines that IMG is not responsible for the injury or loss.

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 Bradenton, 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 IMG. 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.

Signing this waiver as parent/guardian, I acknowledge that I am consenting to Participant's participation in a program at IMG and represent to IMG that I understand all risks are expressly assumed by Participant and myself and all related claims are expressly waived in advance, other than claims not covered herein.

Signature of Parent/Guardian: _____ Date: _____

Signature of Participant: _____ Date: _____

Form D pg 1 fax to 941.752.2630 IMG Academies 5500 34th St. West, Bradenton, FL 34210



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 great care taken to prevent or minimize harm. IMG has facilities for various sport specific activities such as soccer, golf, tennis, baseball, football and basketball and related activities such as strength training, running, cycling and swimming. 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, fixed objects (e.g. goal posts), other participants (including participants that are older or younger and who may be larger or smaller in terms of weight and height) and various surfaces types, and others involve sustained physical activity that places stress on the cardiovascular and nervous systems. The specific risks vary from one activity to another, but in each activity the risks range from (1) minor injuries such as cuts, bruises, muscle strains and sprains, to (2) major injuries such as broken or fractured bones, concussions, or lost teeth, to (3) catastrophic injuries, such as heart attacks or fractured skull or those that cause disfigurement, loss of mental capacity, loss of sight, speech or hearing, paralysis, or death. I also understand that the Participant may be exposed, or expose others, to contagious and potentially harmful or deadly disease such as influenza, common cold, chicken pox, meningitis, or measles. Participant will also be exposed to risks while traveling (such as in vans when traveling to and from competitions, social events, or the airport), exposure to large crowds (such as at a big competition or a music concert), and exposure to risks related to receipt of treatment for any physical or mental condition.

Participant and Parent/Guardian have read the previous paragraphs and (1) understand the nature of the activities at IMG, (2) understand the demands of those activities relative to the physical condition and skill level of Participant, and (3) appreciate the types of injuries and illnesses and risks related to treatment for any physical or medical condition which may occur as a result of activities that I participate in at IMG. Participant and Parent/Guardian hereby assert that participation in a sport program at IMG and use of their facilities and services is voluntary and that Participant and Parent/Guardian knowingly assume all related risks.

Acknowledgement of Rules and Standards of Conduct: I understand that IMG has rules and standards of conduct that are set forth in the IMG Academies Student Handbook. I agree to abide by these rules and standards for the safety of all participants, staff, guests and employees.

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 to participate and intend the signatures to signify a complete assumption of the inherent risks of participating in or observing activities at IMG to the greatest extent allowed by law in the State of Florida.

In signing this assumption of risk agreement as Parent/Guardian, I acknowledge that I am consenting to the participant’s participation at IMG (as specified in paragraph one) and acknowledge that Participant and Parent/Guardian expressly assume all inherent risks of the activity.

Signature of Parent/Guardian: _____ Date: _____

Signature of Participant: _____ Date: _____



TRANSPORTATION FORM

Student's Name: _____
(Please Print)

Student's Cell: _____

If you do not need transportation and are arranging for an adult to drop-off and/or pick up your child, please print their name and phone number.

(Print name of person picking up your child) (cell phone or phone)

PLEASE COMPLETE THE INFORMATION BELOW ONLY IF YOU REQUIRE TRANSPORTION and fax to (941.752.2630) or email (transportation@imgworld.com), at least 48 hours prior to your travel. For immediate assistance call 941.755.1000.

Note: Before marking unaccompanied minor, check with the airline for definition and rules of unaccompanied minor status. Additional airline fees may apply.

Arrival Date: _____

Will you require a *pick-up* from the airport? YES or NO

Traveling as an unaccompanied minor? YES or NO

Airport: _____ Airline: _____

Flight number: _____ Time: _____ AM or PM

Departure Date: _____

Will you require a *drop-off* to the airport? YES or NO

Traveling as an unaccompanied minor? YES or NO

Airport: _____ Airline: _____

Flight number: _____ Time: _____ AM or PM

VISA MASTERCARD AMERICAN EXPRESS CASH to the driver

Credit Card Number: _____ Exp. Date: _____

Name of Cardholder: _____

Signature of Cardholder: _____

(back of Transportation Form; there is no information contained on this page)

Bank Form

Student's Name: _____
(Please Print)

Arrival date: _____ Departure Date: _____

As a service to our participants, we offer a personal spending "bank" account. Money may be deposited in this account by cash, check (drawn on a US Bank), credit card (5% service charge) or money order. Students may withdraw money on a daily basis (during posted bank hours) from this account, allowing them to carry only the money they need. They may also use this card to pay for items purchased at the Proshop and/or Deli and to pay for private lessons or transportation.

Based on past history, an amount of \$100 per week is adequate. Additional monies may be deposited at any time. If this account becomes negative, your credit card will be charged, including any service fees. Any money remaining at the end of the stay and not withdrawn, will be returned to you in accordance with the procedures listed below.

Note: IMG Academies is *not* responsible for any monies not deposited into this account

(Check one of the options listed below)

Option #1 I authorize IMG Academies to charge my credit card in the amount of \$_____ to be deposited into my child's personal spending account I understand that there is a non-refundable 5% service charge on all cash advance transactions. Monies not used and/or withdrawn will be refunded to this credit card.

VISA **MASTERCARD** **AMERICAN EXPRESS**

Credit Card Number: _____ **Exp. Date:** _____

Name of Cardholder: _____

Signature of Cardholder: _____

Option #2 Enclosed is a check or money order made out to "**IMG Academies**" to be deposited into my child's personal spending account. I understand there is no fee for this service. A check will be mailed to the child's home address for monies not used and/or withdrawn.

Option #3 I do not wish to open a personal spending account at this time and understand that I may do so at anytime, including during check-in.

Parent/Guardian's Signature: _____ Date: _____

Form E fax to 941.752.2630 IMG Academies 5500 34th St. West, Bradenton, FL 34210

(back of Bank Form; there is no information contained on this page)



What to Bring?

- Bring a notebook to record what you learn, as well as what you want to continue to improve upon when you return home.
- Play as much of your sport as you can before arriving to camp. This will prepare you for the intensive training ahead of you.
- It would be beneficial for you to start a personal conditioning regimen. You will benefit and enjoy the program more if you are in good shape.

Note: Check with your doctor before starting any physical conditioning or exercise.

IMG Bollettieri Tennis Academy	Rackets (2-3) Socks (10 pair) Shorts (10) Jump rope Sunglasses Beach Towel	Tennis shoes (2) T-shirts (12) Sunscreen Water bottle Bathing Suit
IMG Leadbetter Golf Academy	Golf Clubs Golf shoes (with soft spikes) Water bottle Visor/hat Collapsible stand golf bag for walking on course	Collared golf shirts Sunscreen Golf balls Training shoes/sneakers
IMG Soccer Academy	Shirts (2/day) Soccer cleat (2) Sunscreen Sneakers Socks (2 /day)	Shin guards Shorts (2/day) Water bottle
IMG Baseball Academy	Tennis/turf shoes Fielders glove/mitt Jacket (seasonal) Workout shorts/pants (5) Personal equipment (bats, etc)	Batting gloves Sunscreen Workout shirts (5) Spikes/cleats Cap
IMG Basketball Academy	Basketball sneakers T-shirts (8-10) Training sneakers	Socks (7-10) Shorts (5-6) Flip-flops (shower)
IMG Performance Institute	Swimsuit Shorts (2 /day) Water (gallon container) Shoes (for linear and lateral training)	T-shirts (4 /day) Socks (3-4 /day) Pool Towel
IMG Lacrosse Academy	T-Shirts (3/day) Shorts (2/day) Socks/Underwear (3/day) Grass Cleats Sunscreen All Lacrosse equipment/stick(s)	Compression Shorts Swimsuit Pool Towel Sneakers Water Bottle