



IMG ACADEMIES

IMG BOLLETTIERI TENNIS ACADEMY

IMG LEADBETTER GOLF ACADEMY

IMG SOCCER ACADEMY

IMG BASEBALL ACADEMY

IMG BASKETBALL ACADEMY

IMG LACROSSE ACADEMY

IMG MADDEN FOOTBALL ACADEMY

IMG PERFORMANCE INSTITUTE

WEEKLY CAMP REGISTRATION AND CONFIRMATION PACKET

WELCOME LETTER

Greetings from IMG Academies,

We want to thank you for choosing IMG Academies as your destination for athletic and personal development. We realize that selecting a program is a significant commitment, and we will do everything we can to make your stay as successful and enjoyable as possible.

We hope you are truly excited for your program, as it could represent the experience of a lifetime. Nowhere else in the world can you find athletes of all ages and ability levels from around the globe sharing the same hopes and dreams on an immaculate 400-acre, multi-sport campus.

For more than 30 years, IMG Academies has served as the training home of thousands of youth, adult, collegiate and professional athletes. Over that time, we have methodically shaped our training methods to find the most efficient and productive ways to maximize performance.

Performance, though, goes well beyond the athletic realm. Yes, we will help you become stronger, faster and more athletic. But we also hope you become more confident, determined and focused to take on all phases of life. Our eight IMG Performance Institute disciplines have helped athletes of all ages prepare for any challenge through Physical Conditioning, Mental Conditioning, Communication by game on, Nutrition, Vision, College Advantage, Life Skills and Athletic Regeneration.

To help you reach your potential, we will provide the facilities, resources, expertise and encouragement. We only ask that you arrive with a positive outlook, high energy and a willingness to learn.

We are excited to soon help you reach your goals and become... **THE TOTAL ATHLETE!**

Best wishes,

IMG Academies

WEEKLY CAMP REGISTRATION CHECKLIST

Having received this confirmation packet means you have successfully reserved your space at IMG Academies, and you are well on your way to joining the prestigious IMG Academies alumni list. At this point, the registration process is started but not complete. Your space is currently reserved, but you or your athletes cannot yet participate. We require the following forms to be completed in full and returned 30 days prior to participation. Student athletes who arrive without all forms satisfactorily completed will not be allowed to participate in their sport program until this requirement has been met. No credits or refunds will be provided. All individuals under the age of 21 are required to submit these forms, regardless of their boarding status. All forms must be filled out in English. We have provided a checklist for your convenience to help organize the registration process.

Please use the following checklist as a guideline to assist you in completing all forms. All forms are required to participate in IMG Academies programs.

To Complete:

- Fill out forms in their entirety
- Submit forms to Guest Services 30 days prior to arrival by:
Fax: 941-752-2630
E-mail: campforms@imgworld.com
- Bring Original forms with you to check-in

Student Health Record/Physician's Report.....Pages 1-4

- Only the IMG Academies Student Health Record/Physician's Report will be accepted. IMG Academies cannot accept other physical forms from doctor's offices, other school physicals or letters.
- Physicals must be completed within a year of the reservation departure date and will only be valid for one year from the physical examination date. If the physical date expires during your child's reservation a new physical will be required prior to arrival.
- Based upon Florida statutes, any health professional who is licensed in Florida or the state/country your child resided in at the time of the health examination and who is authorized to perform a general health examination under such licensure shall be acceptable to complete the Physician's Report.
- Physician's Report must be signed, dated and stamped by the physician's office.
- **If your child has a chronic medical condition such as diabetes, epilepsy, seizures, severe allergies or a mental health condition there might be special requirements that are applicable for your child to attend or board at IMG Academies. Please contact Health Services at 941-752-2479 to discuss these requirements prior to proceeding with registration at IMG Academies. In some instances the child may be required to be a non-boarding student to participate our programs.**

Immunization Record.....Page 5

- Parent/Guardian is strongly recommended 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.
- For questions or concerns regarding immunizations, please contact the Manatee County Health Department at 941-748-0747
- If you have a religious or medical exemption for vaccinations, you must obtain the required form from the Florida Department of Health.

Emergency Contacts.....Page 6

- Provide three contacts in the order of whom you wish us to contact in the event of an emergency.

Consent for Treatment/Activities.....Pages 7-8

- The credit card information must be filled out entirely for the form to be considered complete.

Agreement to Participate/Waiver and Indemnification.....Pages 9-10

Student Bank Form.....Page 11

- Provides you the option to set up a bank account in your child's name for spending money during their stay at IMG Academies. For additional information please refer to page 15.

Transportation Form.....Page 12

- Provides you the option to setup transportation to and from a selected airport to IMG Academies for arrival and departure. For additional information please refer to page 14.

NCSA Athletic Recruiting Questionnaire (For students 14 years of age and older).....Page 13

PLEASE NOTE: THE STUDENT HEALTH RECORD/PHYSICIAN REPORT IS DUE ANNUALLY

THIS PAGE IS TO BE COMPLETED BY THE PARENT/GUARDIAN

STUDENT HEALTH RECORD

Student Name: _____ Date of Birth _____ Sport _____
MM/DD/YYYY

Gender: Male Female Boarding Non-boarding

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

HEALTH HISTORY:

***** If your student has a chronic medical condition such as diabetes, seizure disorder, severe allergies or mental health disorder 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 enrolling or making any travel arrangements to IMG Academies. In some instances the child may be required to be a non-boarding student to participate in our programs.**

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

Explain "YES" Answers: _____

Name of Student : _____

THIS PAGE IS TO BE COMPLETED BY THE PARENT/GUARDIAN

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

Please print name



Name of Participant : _____

PHYSICIAN'S REPORT- MUST BE COMPLETED BY PHYSICIAN IN ENGLISH

Based upon Florida statutes, any health professional who is licensed in Florida or the state/country the student resided in at the time of the health examination and who is authorized to perform a general health examination under such licensure shall be acceptable to complete the Physician's Report.

Date of Exam: _____

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 Pre-participation 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. Please note that the interpretation of (1) ECG, (2) echocardiogram and (3) letter of clearance must be in English.

12 POINT CARDIAC EVALUATION:

Please check each box, explain "yes" answers and have your Physician sign and stamp on page two. 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.

PERSONAL MEDICAL HISTORY: (May be completed by parent or guardian)		COMMENTS:
Exertional chest pain/discomfort	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Syncope/near syncope	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Excessive exertional and otherwise unexplained dyspnea/fatigue associated with exercise	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prior recognition of heart murmur	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elevated blood pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
FAMILY MEDICAL HISTORY: (May be completed by parent or guardian)		
Premature death (sudden or otherwise) related to heart disease in relatives younger than 50 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Disability from heart disease in close relative younger than 50 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Specific knowledge of hypertrophic or dilated cardiomyopathy, ion channelopathies such as long QT syndrome, Marfan Syndrome, or clinically important arrhythmias	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PHYSICAL EXAMINATION:		
Heart murmur	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Aortic Coarctation noted on Femoral Pulse Exam	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical stigmata of Marfan syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Abnormal Brachial artery blood pressure (sitting position)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Notes: _____

SCREENING TESTS

VISION DATE: _____

Distance Acuity: Right _____ Left _____ With Correction Wears Glasses Yes No

Right _____ Left _____ Without Correction Wears Contacts Yes No

Height:	BP:	Medications:	Reason Taken:
Weight:	Pulse:	RX:	

Name of Student : _____

PHYSICIAN'S REPORT- MUST BE COMPLETED BY PHYSICIAN IN ENGLISH

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

Teeth:	Extremities:	Menses:
Glands:	Eyes:	Chest x-ray:
Lungs:	Ears:	Other:
Skin:	Abdomen:	
Heart:	GI system:	
Scalp:	Vital Signs:	
Abnormal explained:		

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 prophylactic medication 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:

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.

Physician's Name (Print): _____

Physician's Signature: _____

Address: _____ Date _____

City, State, Zip: _____

Phone: () _____



IMMUNIZATION RECORD - MUST BE COMPLETED IN ENGLISH

IMMUNIZATIONS	DATES RECEIVED (MM/DD/YYYY)				
DPT (diphtheria, tetanus, pertussis) or TD (tetanus, diphtheria) or DTP-Hib (5 required)					
Td (Tetanus)					
Polio: OPV, IPV (4th dose required if 3rd 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 are strongly recommended by the Centers for Disease Control (CDC) in Atlanta for students (If attending school, student is required by the state of Florida to have these required vaccines).

- I wish to decline the MMR and Varicella Vaccines for my student. I understand and accept the risks of my student not having these vaccines which can cause very severe illness and death.
- I will take my student to his/her local physician or Health Department to obtain the MMR and Varicella Vaccines and I will provide IMG Academies with proof of vaccination.
- My student has already received the MMR and Varicella Vaccines, and the dates are recorded above.

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 the date is recorded above.

Signature of Person completing immunization record

Date of Completion

Please print name

EMERGENCY CONTACTS

With the safety and well-being of your child in mind, we are asking that you provide three emergency contacts. We will only call the second and third person if we are unable to reach the first on the list. These three (3) contacts should be listed below in the order in which you would like them called. If the parent/legal guardian would like to be the first person called in case of an emergency, please be sure to list yourself as Emergency Contact #1. If possible, please be certain that at least one of the contacts is able to communicate in English.

Please list phone numbers below in order they should be called: If international please include country and city codes.

Emergency Contact #1

Name of Contact: _____ Relationship to student: _____
Language: _____ Country to be called: _____

1. _____ # Type: _____
2. _____ # Type: _____
3. _____ # Type: _____

(Contact Numbers) (Specify home, cell or business)

Emergency Contact #2

Name of Contact: _____ Relationship to student: _____
Language: _____ Country to be called: _____

1. _____ # Type: _____
2. _____ # Type: _____
3. _____ # Type: _____

(Contact Numbers) (Specify home, cell or business)

Emergency Contact #3

Name of Contact: _____ Relationship to student: _____
Language: _____ Country to be called: _____

1. _____ # Type: _____
2. _____ # Type: _____
3. _____ # Type: _____

(Contact Numbers) (Specify home, cell or business)

Should this contact information change during the school year, it is the responsibility of the family to notify us with these changes.

CONSENT FOR TREATMENT

This is to certify that the staff of IMG Academies is being given authority by me,

_____ of _____ born on _____
(Print Name of Parent or Guardian) (Print Name of Child) Child's Birth Date (mm/dd/year)

for any medical/mental health care treatment (including immunizations) and prescriptions reasonably necessary or medically advisable to maintain the life, health and well-being of my child. This includes, but is not limited to, first aid care and prevention of injuries, mental health interventions, follow-up care and the taking of over-the-counter or prescription medicines that are approved by a physician even when the child is not seen by a physician. This consent for treatment extends to the signing and conduct of: (1) legal authorization for treatment; (2) consultations; (3) anesthesia; (4) emergency examinations; (5) consent for hospitalization; (6) mental health treatment, (7) treatment or surgery that may be deemed necessary by appropriate medical personnel and (8) disclosure of all medical information, electronically, orally or in print, related to any treatment.

Child's home address: _____

City: _____ State: _____ Country: _____

Home phone #: _____ Cell #: _____
(Please include country and city codes) (Please include country and city codes)

Work phone #: _____ Fax #: _____
(Please include country and city codes) (Please include country and city codes)

Email: _____

List any specific medical information (i.e allergic reaction to certain drugs, medications) that a physician should be aware of when treating your child: _____

CREDIT CARD INFORMATION (REQUIRED)

I hereby authorize the use of my credit card to cover all medical expenses. CARD TO BE USED: VISA MASTERCARD

Name (as it appears on Credit Card): _____

Card Number: _____ Expiration Date: _____ CVV Code: _____

Signature of credit card holder: _____

INSURANCE INFORMATION: If providing medical insurance information, please provide a copy of front & back of insurance card.

*Please Note: Medical fees will be charged to your credit card (listed above), if your insurance is not accepted by the medical provider.

Insurance Company: _____ Name of Policy Holder: _____

Birth Date of Policy Holder _____ Group/Policy #: _____ Relationship to insured _____

Insurance Company Address: _____ Insurance Company Phone Number: _____

DRUG AND ALCOHOL TESTING AUTHORIZATION

The use of illegal drugs, controlled substances and alcohol can have a detrimental impact on behavior, interfere with academic and athletic performance, cause permanent physical and mental harm to the user and increase the risk of injury to teammates, athletic opponents and all others with whom the user interacts. Therefore, IMG Academies LLP has implemented a Drug and Alcohol Testing Policy ("Policy") that is described in the Student Handbook. All parties signing this form acknowledge that they have received, read and understand the Policy, and also understand that penalties may be imposed, including expulsion, for violating the Policy. Further, all parties signing this form agree to all of the terms, conditions and rules of the Policy.

A participant who is age 13 and older will be subject to mandatory testing during the school year. Reasonable suspicion testing may be conducted for all participants regardless of age. Each test will consist of hair analysis, urine analysis or other method adopted by IMG.

I hereby consent to having samples of my student's hair, urine or other body sample tested for the presence of drugs, alcohol or other substances covered by the Policy at such times as tests are required under the Policy. I also authorize the release of information concerning the results of such test to the Participant and IMG Academies.

PROPERTY DAMAGE

The Participant and his/her Parents/Guardians agree to and hereby authorize a charge by IMG Academies against the credit card on file whenever necessary to cover costs of any property damages caused by the Participant to his/her room or any other facility used at IMG Academies.

MEDICAL IDENTIFICATION CARD

I voluntarily wish to add the following information regarding severe allergies, chronic illnesses or other potentially life threatening medical conditions to my child's campus identification. I further consent to this information being posted on my child's student records and files, in print and electronically. I understand that this information is shared among IMG Academies employees.

OFF CAMPUS ACTIVITIES (PLEASE CHOOSE ONE BELOW):

My child has permission to participate in all campus/off-campus supervised activities.

My child does not have permission to participate in any campus/off-campus supervised activities.

Parent's Signature: _____ Date: _____

Participant's Signature: _____ Date: _____



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 physical training, running, cycling and swimming. Some of these activities involve endurance or 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.

PUBLICITY RELEASE AND CONSENT: Participant and Parent/Guardian consent to all recording, photographing and filming of Participant (the "Recordings") and each agree that IMG can use these Recordings at any time and in any manner without payment to, or additional consent of, Participant or Parent/Guardian and release IMG and its licensee from all claims related to use of the Recordings.

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, 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.

Participant and Parent/Guardian have read this Agreement and fully understand its terms. In signing this Agreement each acknowledges that he or she is consenting to the Participant's participation at IMG Academies (as specified in paragraph one) and acknowledge that each of Participant and Parent/Guardian expressly assumes all inherent risks of IMG Academies activities.

Print Name of Participant: _____ Sport: _____

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

(If Participant Is Under 18)

PARTICIPANT'S NAME: (please print) _____

WAIVER: In consideration for IMG Academies LLP (hereafter "IMG") accepting the enrollment of Participant in a program and/or permitting Participant access to or the use of the property, facilities, parking lot, buildings, fields, equipment, housing, dining areas, and/or services of IMG, Participant and his/her Parent/Guardian, on behalf of Participant personally, as well as his/her heirs, next of kin, personal representatives, assigned and/or unborn child(ren), hereby waive any claims against and covenant 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, for any claim, demand, or lawsuit whatsoever, including, but not limited to, those that arise from or relate to Participant's own acts, the acts of third persons, the effect of the condition of any property, equipment, or premises, or any acts of IMG's own negligence, or the negligence of any IMG officer, employee, agent, or anyone else whose conduct may be attributed to IMG. Participant and his/her Parent/Guardian agree that this waiver, release from liability, and covenant not to sue specifically includes, but is not limited to, any claims for personal injury or illness (including death) as well as damage to, or the loss or theft of, any personal property. Participant and his/her Parent/Guardian further agree that this waiver, release from liability, and covenant not to sue has legal effect throughout Participant's enrollment in any IMG program, as well as each and every time IMG property or facilities are used by Participant, his/her guests, relatives, or family members, and agree that it shall be construed as if Participant and his/her Parent/Guardian acknowledged and attested to it throughout that time and upon each such use.

INDEMNIFICATION: In further consideration for IMG accepting the enrollment of Participant in a program and/or permitting Participant access to or the use of the property, facilities, parking lot, buildings, fields, equipment, housing, dining areas, and/or services of IMG, Participant and his/her Parent/Guardian, on behalf of Participant personally, his/her Parent/Guardian personally, as well as their personal representatives or assigns, hereby contractually agree to defend and indemnify IMG, its affiliated companies, or any of their members, directors, officers, employees, volunteers, sponsors, independent contractors, or agents, from any and all claims, demands, lawsuits, or damages, including related costs and attorney fees, brought by any other person or entity for any injuries or any damage to themselves, their property, or to Participant or his/her property, arising out of the use of any IMG service or facility by Participant and/or his/her guests, relatives or family members. This indemnification agreement specifically includes, but is not limited to, claims, demands, damages, or lawsuits brought by third parties which arise from or relate to any active or passive negligence, intentional conduct, and/or criminal conduct by Participant and/or his/her guests, relatives, or family members. This indemnification agreement is not limited to activities occurring on an IMG premises, but is intended to encompass any and all conduct by Participant and/or his/her guests, relatives, or family members for which a third party may seek to hold IMG, its affiliated companies, or any of their members, directors, officers, employees, volunteers, sponsors, independent contractors, or agents, liable, whether occurring on or off of an IMG property, and whether occurring as a result of travel, sport program practices, instruction, or training, participation in horse play, school or social activities, exposure to inclement weather, and/or any other circumstance whatsoever. Participant and his/her Parent/Guardian further agree that this indemnification agreement has legal effect throughout Participant's enrollment in any IMG program, as well as each and every time IMG property or facilities are used by Participant, his/her guests, relatives, or family members, and agree that it shall be construed as if Participant and his/her Parent/Guardian acknowledged and attested to it throughout that time and upon each such use.

SEVERABILITY: 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.

DISPUTE RESOLUTION: All claims and disputes between the Participant and/or Participant's Parent/Guardian and IMG, its employees, agents, officers, directors, or assigns, including those related to this Agreement (the "Disputes") will be resolved through neutral binding arbitration conducted by one arbitrator in Manatee County, Florida. Arbitration must be demanded in writing by certified mail with selection of the arbitrator by mutual assent within 30 days of the Arbitration demand. Arbitration is to be governed by Florida law including the statute of limitations, burden of proof and available remedies. Jurisdiction for enforcement of the terms of dispute resolution and/or an arbitration judgment will be maintained by the Twelfth Judicial Circuit Court for Manatee County, Florida. All arbitration proceedings will be confidential. Any arbitration award must be in writing, accompanied by findings of fact and an explanation for the award. The arbitrator's fees and the costs of administration of the arbitration are to be divided equally by the parties.

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 to the extent permitted by the law of the State of Florida. 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.

Signature of Participant: _____ Date: _____
Signature of Parent/Guardian: _____ Date: _____
(If Participant Is Under 18)

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 for my child's personal spending account. I understand 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. If you wish to put money in your child's spending account please fill out the information below:

Personal Spending Amount: \$ _____ X 5% (surcharge) = \$ _____ to be charged.

VISA MASTERCARD AMERICAN EXPRESS

Name (as it appears on Credit Card): _____

Card Number: _____ Expiration Date: _____ CVV Code: _____

Signature of credit card holder: _____

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: _____

FAX TO: 941.752.2630 IMG Academies 5500 34th St. West, Bradenton, FL 34210

EMAIL TO: campforms@imgworld.com

Student's Name: _____ (Please Print)

Student's Cell: _____

Please check one of the options below.

Option #1 I do not need transportation and am arranging for an adult to drop-off and/or pick-up my child. Please print the name and phone number of the adult responsible for transporting your child to and from the Academies below.

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

Option #2 I have not finalized travel plans. I will arrange transportation at a future date through transportation@imgworld.com. I understand IMG Academies will not be held responsible for any transportation needs which are not arranged in this manner.

Option #3 I will require transportation to and/or from a surrounding airport and have listed the flight and payment information below.

IMG Academies Airport Pricing:

Table with 2 columns: Airport, Rate Each Way. Rows include Sarasota-Bradenton (\$30), Tampa (\$110), and Unaccompanied Minor Fee (\$25).

Arrival Date: _____

Traveling as an unaccompanied minor as required by the airline? YES or NO

Airport: _____ Airline: _____
Flight number: _____ Time: _____ AM or PM

Departure Date: _____

Traveling as an unaccompanied minor as required by the airline? YES or NO

Airport: _____ Airline: _____
Flight number: _____ Time: _____ AM or PM

Payment section with checkboxes for VISA, MASTERCARD, AMERICAN EXPRESS, CASH TO DRIVER. Includes fields for Name, Card Number, Expiration Date, CVV Code, and Signature of credit card holder.

Arrival and Departure Dates: _____

IMG Academies has long-offered recruiting education as part of its TOTAL ATHLETE approach to education, but now proudly offers Recruiting Education *Powered by the NCSA*. For students requiring specialized assistance with the college recruiting process, IMG Academies college recruiting staff are able to provide one-on-one guidance. For the majority of the student body, however, the NCSA-powered platform delivers the best vehicle for effectively connecting with the largest database of college coaches available.

Have you met with the NCSA before? Yes No

Student-Athlete Gender Male Female

Student-Athlete's Name: _____ Primary Sport: _____

High School Name: _____ Graduation Year: 20__ State: __ Zip: _____

Home Phone: (____)_____ Student Email: _____

Student Mobile Phone: (____)_____ Cell Phone Service: _____

Send me recruiting text update

Parent/Guardian 1: Mom Dad Other _____ Name: _____

Parent/Guardian 1 Email: _____ Daytime Phone: (____)_____

Home Work Mobile

Parent Mobile Phone: (____)_____ Cell Phone Service: _____

Send me recruiting text updates

Parent/Guardian 2: Mom Dad Other _____ Name: _____

Parent/Guardian 2 Email: _____ Daytime Phone: (____)_____

Home Work Mobile

Is your athlete serious about playing college sports? Yes No

Want to get ahead of the competition? Call 866-579-6272 or visit www.ncsasports.org to gain access to the network immediately.

Upon form completion and submission you will receive confirmation of receipt from Guest Services via phone or e-mail. The confirmation of completed forms will finalize your registration process. Your next step is General Information to help aid in planning your stay.

GENERAL INFORMATION

Congratulations on your successful registration! The following is information every parent and student should know before attending IMG Academies. It is designed to equip you and your child with the knowledge to plan and prepare for a successful stay.

CHECK IN

- All students check-in upon arrival.

Preferred Check in Times

Program	Student Type	Day	Time	Room Availability	Location
Weekend Camp (Sept.-May)	All	Friday	After 3:00pm	After 3:00pm	Guest Relations Desk
Weekly & Multi-Week Camp (Sept.-May)	Non-Boarding	Sunday	10:00am-6:30pm	n/a	Guest Relations Desk
Weekly & Multi-Week Camp (Sept.-May)	Boarding	Sunday	12:00-6:30pm	After 3:00pm	Guest Relations Desk
Summer Camps (June-August)	All	Sunday	1:00-5:00pm	After 2:00pm	Basketball Gym

Note: Holiday/Speciality Camps may require unique check-in days and times. Please contact your Program Advisor to confirm the check-in date and time.

- Groups** - Check-in will be based on their travel schedule. Please refer to the transportation section on page 14 for transportation assistance to and from the airport.
- Late and early arrivals will check-in based on their travel schedule.**
- Schedule**—Each student athlete will receive their sport program schedule and Academies map at check-in.
- Important Documents**—Plane tickets, passport, student bank money and important documents must be handed in during check-in for safe-keeping during the student athletes stay.
- Room Assignments**—Boarding students will be assigned a room and shown to their room by Student Services at the conclusion of the check-in process. **Rooms will be available for students after 3:00pm.**
- Orientation**—Boarding students attend a campus orientation after dinner on Sunday evening. At that time, all rules and regulations are covered. Sports programs will hold an orientation either Sunday evening or prior to beginning the program on Monday. Orientation information will be provided at check-in.

CHECK OUT

- For Weekly and Multi-Week Programs - Check-out is on Saturday by 11:00am.** All boarding students must check-out of their dorms by this time, unless they are continuing into the following week's program.
- For Weekend Programs** - Checkout is on Sunday at the conclusion of your sport program.
- Non-Boarding Students** - Students who do not board will automatically be checked-out of their reservation at the conclusion of their program.
- Room Verification** -Boarding students first check-out with Student Services who will walk through the room with your child to ensure he or she is fully packed and verify the room is in the same condition it was in upon arrival. Students may be asked to clean their room to avoid a room cleaning fee or may be charged for room damage.
- Exit Pass** -Student Services Staff will write an exit pass for your child upon a successful room verification. Student athletes will present their exit pass to Guest Services who will complete their final check-out.
- Bag Storage** -Students may store bags and materials at the designated check-out area until their departure time.

TRANSPORTATION

- **Transportation Requests** - Transportation to and from a selected airport or bus depot may be arranged through the Academies. Please make all travel arrangements at least 48 hours in advance by e-mail, phone, or fax confirmation. For your convenience, a Transportation Form is provided with this packet on page 12. Please contact the Transportation Department for additional information. Prices are subject to change without notice.

Transportation Department

Phone: 941.755.1000

Fax: 941.752.2630

E-mail: transportation@imgworld.com

- **Sarasota/Bradenton Airport**- Transportation is \$30*
- **Tampa International Airport**- Transportation is \$110*
- **Orlando International Airport**- Transportation is \$250*
*Multi-person rates may be available.
- **Unaccompanied Minors** - There is an additional charge of \$25 each way for students that are traveling as **unaccompanied minors**. Please verify with your airline if your child qualifies to travel as an unaccompanied minor. If your child is traveling as an unaccompanied minor, please indicate this on the transportation form on page 12 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 departing flights.

HEALTH SERVICES

Our Health Services Department is comprised of nurses who provide first aid, dispensation of medications and maintain observation beds. Health Services is available on campus or by phone seven days a week. It is the goal of Health Services to provide a safe and healthy training experience.

As a reminder, all Health Services forms must be completed and returned four (4) weeks prior to traveling to IMG Academies. Forms may be faxed directly to Guest Services at (941) 752-2630 or emailed to campforms@imgworld.com.

Medications for Boarding Students

- Your child should not bring over-the-counter medications to IMG Academies 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, the medication 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 and instruct your child to apply sunscreen numerous times a day.
- Please instruct your child on the importance of adequate fluid consumption. The student athletes work hard outside in a hot and humid climate where dehydration can occur quickly. Your child will need a container to have ice water, etc. available to him/her at sports. Drink containers are not given to participants. There are several ice machines and water faucets available at 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.

CAMP STUDENT SERVICES

Accommodations

- **Boarding Students** - Student athletes are housed in 2 bedroom/2 bath or 3 bedroom /2 bath apartment-style residences. Each residence can accommodate 6 -12 students. Student residences have a common living room containing a refrigerator and are air-conditioned. Students are housed by gender and age and not necessarily by sport. Staff will make every attempt to accommodate roommate requests.
- **Supervision** - Staff supervises the student residences, 24 hrs per day/seven days per week. We do not have staff living in the buildings.
- **Adult Accommodations** - Parents and families may choose to stay in one of our on campus accommodations. We have Clubrooms, Double Clubrooms, Efficiency Suites, 1, 2 or 3 bedroom suites and 3 or 4 bedroom condos on-site. Please contact the Reservations Office at 941.752.2600 or the Clubhouse at 941.752.2689 for pricing and availability.

Note: Please note pets are not allowed on campus with the exception of service dogs.

Dining

- **Boarding Students** - Will receive breakfast, lunch and dinner delivered in a buffet style environment.
- **Meal Cards** (identification card) - The student's identification card (issued at check-in) acts as a meal card and must be presented in order to enter the Student Dining Hall and to be served.
- **Non-boarding students** - Students will receive lunch. Additional meals can be purchased at the Guest Services Desk. You can also purchase a meal package from the reservation department.

Student Bank

- **Personal spending Money** - A personal spending account may be opened for each student with cash, check, credit card or wire payment. If a credit card is used, the 'Student Bank Form' must be completed which may be found on page 11. Based on past history, an amount of \$100 per week is adequate for personal spending. Please note that a 5% service charge applies for any credit card deposits made for spending accounts. Additional money may be deposited by calling the Student Bank at 941.752.2487 or e-mailing studentbank@imgworld.com. Please use the following information for wire transfers.

Fifth Third Bank
ABA #042000314
Swift Code #: FTBC US 3C
Credit Account: #7026375969
Name: IMG Academies LLP

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

- **Bank Hours** - Student Bank hours will be provided to all student athletes at check-in. Withdrawals from the account may be made during posted bank 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 for cash/check deposits. If the account was opened by credit card, the refund will be applied to that credit card.
- **IMG Academies is not responsible for any money that is not deposited in a student's personal bank account.**

Laundry and Linens

- **Laundry service** - Available on-campus for our student athletes. The wash & fold service provides the student athletes the opportunity to drop off their laundry in the laundry room and pick it up within 48 hours for a charge. Wash & fold service is a \$1.50 per pound with a minimum of \$12. Please note prices are subject to change.
- **Coin operated machines** - Available for student athletes who would like to do their own laundry. The coin-operated laundry machine is \$3.00 for wash load and \$1 for 15 minutes of drying time. A change machine is located in the laundry room for your convenience. Please note prices are subject to change.

Phone/Fax

- **Phones** - There are phones available in student residences for the student's use. It is recommended that 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.
- **Long distance** - 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 Guest Services.
- **Cell Phone** - Student athletes are allowed to bring cell phones but they are not permitted to use them during program hours.
- **Switchboard** - 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.
- **Faxes** - Students can be reached at the Student Services desk fax 941.752.2528. Please mark the fax clearly with the student's name.
- **Courtesy phone** - A courtesy phone is available in the front desk lobby for local calls. Calling cards may be used on this phone for long-distance calls.

Mail

- **Incoming mail** - Please send mail to students at the following address:

Student's Name
c/o IMG Academies
5500 34th Street West
Bradenton, FL 34210

- **Outgoing mail** - May be dropped off 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 students bring their own stamps and writing material. Students may pay for postage during Mailroom hours.
- **Student mail**-Will be distributed by Student Services.

Pro Shops

• **IMG Sports Shop**- can be found online at <http://store.imgacademies.com/> and also on-campus in three locations: next to the Jr. Pool, inside the IMG Leadbetter Golf Academy building across from the batting cages, and at the IMG Academies Golf & Country Club. **If you are wondering what to bring, the IMG Sports Shop offers official IMG Academies Under Armour training packages that can be purchased online before you arrive so that you have everything you will need to maximize your training on and off campus.**

- **Pro Shop Hours**-will be provided to the student athletes at check-in.
- 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.

Nicky B'stro

- The Bistro is located inside the Student Union/Dining Hall where a la carte items (sandwiches, pizza, smoothies, salads and snacks) can be purchased.
- Students may use a credit card, cash or money from their personal spending accounts for payment at the Bistro.

Jr. Pool/Student Recreation Center

- **The Jr. Pool** - Available for student athlete use during free time. Pool toys are provided. Please refer to What to Bring on page 17.
- **The Student Recreation Center** - Available for student athlete use during open hours. Open hours will be provided at check-in and are subject to change. The Student Recreation Center houses a pool table, ping-pong table, air hockey table, computer lab, and Xbox 360's among other fun activities.

Activities

- **All activities** - Supervised and may include trips to the beach, mall, theaters, and in the summer, theme parks (Busch Gardens, Disney World, and Universal Studios, etc.). The cost of these activities and any related transportation fees are in addition to program fees. The fees are deducted from student's personal accounts or paid by cash prior to the trip deadlines.
- **Special trips** - The cost of the theme park trips is not included in the spending money recommendation.

Inclement Weather

- Please note: in case of rain or other inclement weather, sport programs may be shortened or altered. No refunds or credits will apply.

You and your student athlete are ready to pack! We have broken up the items to bring into two sections. One section to describe items everyone should bring and the other is sport specific. Please double check your inventory to reduce the chance an item is forgotten.

Also, the IMG Sports Shop- can be found online at <http://store.imgacademies.com/> and also on-campus in three locations: next to the Jr. Pool, inside the IMG Leadbetter Golf Academy building and at the IMG Academies Golf & Country Club. If you are wondering what to bring, the IMG Sports Shop offers official IMG Academies Under Armour training packages that can be purchased online before you arrive so that you have everything you will need to maximize your training on and off campus.

SUGGESTED ITEMS TO BRING

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

- The items above are based on a one-week stay at the Academy. Students staying multiple weeks will need to adjust this list to accommodate their stay.
- * Please note the Academy does not provide any sheets/pillowcases or towels. Pillows and mattress pads are provided. Blankets are available upon request with a \$20 deposit.
- **These items are available online at store.imgacademies.com or in the IMG Sports Shop for purchase.
- **Items for Purchase**-Certain items including sheets (\$20/sheet set), towels (\$10), combination locks (\$10) and laundry bags (\$5) are often available to purchase upon arrival at the Guest Services desk if the student does not bring these items with them.
- **Formal dress**- is not needed. Any after-sport activity will require casual dress only.

PERSONAL ITEMS/LOCKERS

- **Lockers**-There is limited locker space available on campus. Lockers have been placed in most of the rooms for students to secure belongings. There are additional lockers located in the Guest Services building restrooms. The Guest Services lockers must be reserved at the Guest Services Desk after arrival.
- **Valuables**-Students should lock any valuable items (cell phones, money, etc.) in their in-room locker for safety. Please note, not all rooms have lockers.
- **Lost and found**-Items are kept at Student Services' lost & found storage area.
- IMG Academies is not responsible for any lost or missing items. It is recommended that electronic items (iPods, Game Boy systems, Computers, etc.), expensive items, or unnecessary items not be brought to camp. All personal items should be clearly marked in indelible pen.

SUGGESTED ITEMS TO BRING BY SPORT

- **Bring a notebook** to record what you learn, as well as what you want to continue to improve upon when you return home.
- **Practice-** Play as much of your sport as you can before arriving to camp. This will prepare you for the intensive training ahead of you.
- **Train-** 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)	Tennis shoes (2)
Socks (10 pair)	T-shirts (12)
Shorts (10)	Sunscreen
Jump rope	Water bottle
Sunglasses	Bathing Suit
Beach Towel	

IMG Leadbetter Golf Academy

Golf Clubs	Collared golf shirts
Golf shoes (with soft spikes)	Sunscreen
Water bottle	Golf balls
Visor/hat	Training shoes/sneakers
Collapsible stand golf bag for walking on course	

IMG Soccer Academy

Shirts (2/day)	Shin guards
Soccer cleat (2)	Shorts (2/day)
Sunscreen	Water bottle
Sneakers Socks (2 /day)	

IMG Baseball Academy

Tennis/turf shoes	Batting gloves
Fielder's glove/mitt	Sunscreen
Jacket (seasonal)	Workout shirts (5)
Workout shorts/pants (5)	Spikes/cleats
Personal equipment (bats, etc)	Cap
Water Bottle	Swimsuit/pool towel

IMG Basketball Academy

Basketball sneakers	Socks (7-10)
T-shirts (8-10)	Shorts (5-6)
Training sneakers	Flip-flops (shower)
Swimsuit	Pool towel
Water Bottle	

IMG Performance Institute

Swimsuit	T-shirts (4 /day)
Shorts (2 /day)	Socks (3-4 /day)
Water (gallon container)	Pool Towel
Shoes (for linear and lateral training)	

IMG Lacrosse Academy

T-Shirts (3/day)	Swimsuit
Shorts (2/day)	Pool Towel
Socks/Underwear (3/day)	Sunscreen
Compression Shorts	Sneakers
Grass Cleats	Water bottle
All lacrosse equipment & sticks	

IMG Football Academy

T-Shirts (2/day)	Swimsuit
Shorts (2/day)	Pool Towel
Cleats	Sunscreen
Sneakers	Water Bottle
Flip Flops	

So you are on your way! If you or your child chooses to drive we have included driving directions and parking instructions. We are excited to meet and greet you.

DRIVING DIRECTIONS

- **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 first 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 first 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 first 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 first 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 (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.

PARKING

- All students and families who drive themselves to IMG Academies must receive a parking pass from the operations center (front gate) when they arrive at the Academies. The students and families will be directed to the appropriate parking area. Failure to park in an appropriate area will result in towing of the vehicle. All applicable fees to retrieve the vehicle will be the responsibility of the student/family. Please pay attention to posted signs to prevent your vehicle from being towed.
- Boarding students who drive alone 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 student service office. The student can pick them up when he/she checks out of the Academies.

**We anticipate your arrival and are excited you have chosen IMG Academies for your training!
Please do not hesitate to call Guest Services at 941-755-1000 for any further assistance or questions.**