

Registration Form

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I, _____, parent/guardian
of _____ do hereby confirm the
enrollment of my son/daughter at the Academia Sánchez-Casal, Naples.

He/she will participate in the

Boarding	Non Boarding	High School	Language Program
Academy Annual Intensive Annual Summer Intensive Program Weekly Intensive Program Weekly Academy Program Weekly Under 14 program Adult Program Coaching program			

He/she will be enrolled from _____ / _____ / _____ To _____ / _____ / _____
Month Day Year Month Day Year

Signature _____

We agree to make the tuition payment for designated program.
Form of Payment:

Check # _____ (must be drawn on US bank)

Credit Card: VI, MC, AMEX, DC

Card # _____ Exp. Date: _____ / _____
Month Year

Name on Card: _____

Signature: _____ Date: _____ / _____ / _____
Month Day Year

Wire Transfer (please send the copy of W/T fax number 239 261 6998)

INTERNATIONAL WIRE PAYMENT INSTRUCTIONS

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

Full-Time Participants: When sending payments by wire, please specify your deposit breakdowns in tuition and personal spending account.

Processing fees incurred during the transfer of monies as they clear through all banking channels are paid by the sender. The amount of the credit to your account by Academia Sánchez-Casal is the exact dollar amount received from the bank. Electronic Transfer or Deposits can be made to (Provide with copy of deposit or transfer)

The Private Bank and Trust Company
Naples Tennis LLC
Routing # 071006486
Account # 2106103

Signature: _____ Date: _____ / _____ / _____
Month Day Year

Registration Form

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STUDENT DATA

Participant's Name: _____
Last Name First Name Middle Initial

Date of Birth: ____/____/____ Age: ____ Male Female
Month Day Year

Home Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Home Phone #: (____) _____ Home Fax#: (____) _____
(Please include Country and City Codes)

Student E-mail Address: _____

Parent's E-Mail Address: _____
(to be used for coach, dorm staff or emergency communications)

Local Address (if applicable) _____

Home Phone #: (____) _____ Home Fax#: (____) _____
(Please include Country and City Codes) (Please include Country and City Codes)

Arrival Date: ____/____/____ Departure Date ____/____/____
Month Day Year Month Day Year

SSN# or Passport # _____

SCHOOL ATTENDING: _____

PARENTS DATA

Father's Name: _____

Daytime Phone # (____) _____ Cell #: (____) _____

E-Mail Address: _____

Place of Employment: _____

Position Held: _____

Business Address: _____

Mother's Name: _____

Daytime Phone # (____) _____ Cell #: (____) _____

E-Mail Address: _____

Place of Employment: _____

Position Held: _____

Business Address: _____

Alternative Person to Contact in an Emergency: _____

Relationship: _____ Phone #: (____) _____

Registration Form

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TENNIS DATA

QUESTIONS:

1. Sports club or Tennis Academy to which s/he belongs: _____

2. WTA / ATP Ranking # _____ National Ranking # _____ USTA # _____

3. How did you know about our Academy? Explain

Searching in internet

I have receive information by e-mail

On a Tennis Magazine _____

On Television _____

I have receive an information brochure

I visited the facilities

Through Press, Radio or TV News

Through a Representative of the Academy _____

Through my trainer _____

Through a player of the Academy _____

Through a Trainer of the Academy _____

Through a Promotional Activity of the Academy _____

I Was there before in Barcelona Italia Florida

Other _____

4. How many hours a week do you usually train?

< 2 hours per week

2 to 4 hours per week

5 to 10 hours per week

more than 10 hours per week

5. Why did you decide to attend the Academy?

6. Which are your objectives while at the Academy? _____

7. Which tennis racket do you use?

8. Do you have any garment or sport equipment contract? With which brand?

Registration Form

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CREDIT CARD INFORMATION

A credit card number is required to cover balances due on any ASC-Florida accounts (including but not limited to tuition, property damage, tournament fees, personal accounts, medical accounts). Parent/Guardian is required to maintain a current credit card number on file at all times:

Visa. Master Card American Express Discover _____

Credit Card #: _____

Exact Name on Card _____ Expiration Date: _____ / _____
Month Year

Signature of Card Holder: _____

Tuition/Enrollment Agreement

In consideration of the non-refundable Reservation Fee, in the amount of US _____
 _____ from the undersigned, ASC-Florida has reserved a place for:

NAME OF THE PARTICIPANT: _____ in the:

Boarding	Non Boarding	High School	Language Program
Academy Annual Intensive Annual Monthly Program Summer Intensive Program Weekly Intensive Program Weekly Academy Program Weekly Under 14 program Adult Program Coaching program			

A copy of this Tuition/Enrollment Agreement must be signed by the Participant and his/her parents or guardians and returned to ASC-Florida together with the complete registration package for the 2007-2008 year. A fully executed copy of the agreement will be returned to Participant/Parents/Guardians upon acceptance and approval by ASC-Florida.

While ASC-Florida requires full payment of tuition and all other fees for the entire enrolment period specified in the Tuition/Enrollment agreement, it is the policy of ASC-Florida to alleviate, upon request, this financial obligation (only in the event of a withdrawal) as described below:

1. Participant's cancellation, absence and/or withdrawal from the Programm

If the student decides to cancel his/her registration in the Program he/she must inform ASC-Florida of this decision in writing. The deposit is non-refundable.

A student's absence on the date of the Program initiation will result in the loss of the amount paid for this purpose. The participant will not be entitled to any refunds if, once the Programm has begun, he/she withdraws from it at his/her own accord, or by the will of his/her parents or legal guardians.

2. Programme alterations and incidents

ASC-Florida agrees to provide students with all of the services in the Program under the terms and conditions provided therein. Nevertheless, the following may apply:

- a) In the event ASC-Florida is obliged to significantly modify any material and essential element of the contract, including the price, it must notify the student. The student shall be able to rescind the contract, at absolutely no charge, or accept a modification of the contract. In such case, ASC-FLORIDA will specify the modifications and how they will affect the price of the Program, if any exist.
- b) The student must communicate his/her decision as soon as possible; in any case, within the three days following notification of the Program modification. If the student does not notify ASC-Florida of his/her decision within three days, it will be understood that he/she has decided to rescind his/her participation in the Programme at no charge whatsoever.

If ASC-Florida is obliged to cancel any of its material and major Programs due to reasons beyond the student's control, or if the student decides to rescind the contract, under the conditions outlined in the foregoing sections a) and b), ASC-Florida shall offer the student an alternative Program, or refund to the student all of the amounts paid for but not yet delivered.

ASC-Florida shall not be obliged to compensate students when Program cancellation is due to force majeure, or reasonable causes. The latter is understood as the circumstances beyond the control of ASC-Florida, and that are unavoidable, despite having acted with due diligence.

ASC-Florida management must be informed of any issues, differences or claims by the student that arise over the course of the program. Management will attempt to offer a satisfactory solution.

3. Use of students' image

ASC-Florida reserves the right to use photos and other materials acquired by ASC-Florida through participation in its Programs, as advertising material as long as students do not expressly prohibit it when they arrive for the program.

4. Personal Spending Account

The deposit will be made into an account and will be available to cover Participant expenses including, but not limited to, the following fee areas: pro shop purchases, private lessons, pocket money, laundry services, replacement of room keys, tournament travel expenses such as entry fees, transportation, hotels, or coaching, any medical expenses and any other miscellaneous costs. When this account reaches or falls below the minimum, Parents will be notified and are responsible for arranging for the deposit of additional funds within ten (10) days of notification. Parents will have a monthly statement send

to them for a review. Upon departure from ASC-Florida, Participant may withdraw any funds remaining in this account after provided all other outstanding obligations to ASC-Florida have been paid in full.

5. Security Deposit

APPLICABLE TO BOARDING PARTICIPANTS ONLY. A US\$500 minimum is required as a security deposit to cover any and all property damage caused by the Participant (either alone or with the person) to any ASC-Florida property. Participant and his/her Parents/Guardians agree and hereby authorize automatic and immediate repayment of costs, and the amount required to cause the security deposit to reach the initial amount of US\$500, through a charge by ASC-Florida against the credit card number written below. This deposit will be held until after your departure from ASC-Florida. At final checkout paint, bath, furniture, fixtures, doors, carpets, and all other dorm furnishings will be inspected, and if acceptable, the security deposit will be refunded.

6. Refund of Deposit

The Personal Spending Account will be refunded one (1) week after departure provided: (a) room condition is acceptable at check out, (b) all tuition, medical, tournaments and any other financial obligations are paid in full. Remaining balance in the Personal Spending Account can and will be used towards the fulfillment of other outstanding financial obligations.

7. Financial Obligation

Participant and Parents/Guardians acknowledge that the obligation to pay the total tuition fee and non-refundable tuition deposit outlined above is non-negotiable and unconditional and that no portion of these monies, whether paid or owing to ASC-Florida, will be refunded to you or cancelled for any reason except for those limited reasons specified in the "Cancellation" and "Medical/Injury Withdrawal Refund Policy" herein. Also, Participant and Parents/Guardians acknowledge should your account be past due for 30 or more days, you will not be allowed to continue in your program and ASC-Florida may refuse to provide room and board, if applicable. Participant and Parents/Guardians agree to pay any costs, including attorney's fees, incurred by ASC-Florida in enforcing this agreement and collecting any balances due hereunder plus interest at the rate of 1% per month for past due balances. If you are dismissed from ASC-Florida for disciplinary or other reasons, or are suspended and required to return home for a period of time, Participant's tuition and reservation fees will not be refunded and all costs incurred to return home will be the sole responsibility of Participant and Parents/Guardians. If Participant changes from the boarding to the non-boarding program, Participant and Parents/Guardians will be charged a boarding termination fee equal to 50% of the difference between the costs of then two programs.

8. Medical/Injury Withdrawal

The Academia Sánchez-Casal, in-house physiotherapy service and physical trainers, will treat players' injuries through a personalised, comprehensive recuperation program. If a student wishes to take temporary leave of the Tennis Academy due to injury, no refund will be provided for the time of absence. **ACADEMIA SÁNCHEZ-CASAL OFFERS AFFORDABLE MEDICAL INSURANCE UPON REQUEST.**

9. Dispute Resolution

If a dispute arises between the parties to this agreement which cannot be resolved by them, this dispute will be submitted to arbitration and resolved by a single arbitrator (who shall be a lawyer) in accordance with the Commercial Arbitration Rules of the American Arbitration Association. The arbitration will take place in Naples, Florida. Each party is entitled to depose at least one fact witness and any expert witness retained by the other party, and to conduct such other discovery as the arbitrator deems appropriate. The award or decision rendered by the arbitrator will be in writing, final and binding and judgment may be entered upon such award by any court.

10. Waiver

In consideration of Participant's enrollment in a tennis program and/or Participant's use, today and on all future dates, of the property, facilities, and services of Academia Sánchez-Casal (hereafter referred to as ASC-Florida), Participant and Parent/Guardian, on behalf of Participant, Participant's heirs, personal representatives, or assigns, hereby release, waive, discharge, and covenant not to sue, ASC-Florida, its affiliated companies and each of its directors, officers, employees, volunteers, sponsors, independent contractors, and agents from liability from any and all claims arising from the negligence of ASC-Florida or any of the aforementioned parties. This agreement applies to (1) personal injury (including death) from accidents, injuries or illnesses arising from participation in various activities including, but not limited to, participation in sport programs, travel, competition, educational classes, lessons, social activity, and individual use of facilities, premises, or equipment; and (2) any and all claims resulting from the damage to, loss of, or theft of property. Participant and Parent/Guardian consent to all videotaping and photographing of Participant and agree that ASC-Florida can use these images at any time and in any manner without payment to Participant and without Participant's or Parent/Guardian's approval.

11. Indemnification and Hold Harmless

Participant and Parent/Guardian also agree to HOLD HARMLESS AND INDEMNIFY ASC-Florida from all claims resulting from all negligence of ASC-Florida and to reimburse ASC-Florida for any expenses incurred as a result of Participant's participation in a tennis program and presence at ASC-Florida facilities. Participant and Parent/Guardian further agree to pay all costs and attorneys' fees incurred by ASC-Florida in investigating and defending a claim or suit but only if Participant's claim is withdrawn or to the extent an arbitrator determines that ASC-Florida is not responsible for the injury or loss. Participant and Parent/Guardian agree to hold harmless and indemnify ASC-Florida from all claims and amounts related to legal and other action brought against ASC-Florida for damages caused by Participant (as just one example, for damages caused by Participant while fighting with another participant).

12. 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 Naples, 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 ASC-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.

In signing this waiver as parent or guardian, I acknowledge that I am consenting to Participant's participation in a tennis program at ASC-Florida and acknowledge that I understand that any and all risks, including that of negligence, whether known or unknown are expressly assumed by Participant and Parent/Guardian and all claims, whether known or unknown, are expressly waived in advance.

The Participant and the Parent/Guardian hereby agree to the terms of this Agreement.

Signature of Mother/Guardian: _____ Date: ____/____/____
Month Day Year

Signature of Father/Guardian: _____ Date: ____/____/____
Month Day Year

Signature of Participant: _____ Date: ____/____/____
Month Day Year

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 care taken to avoid injuries. ASC-Florida has facilities for various sport specific and related activities such as strength training and running. 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, other participants (including participants that are older or younger and who may be larger or smaller (in terms of weight and height) than Participant), and various surfaces (which may be uneven), and others involve sustained physical activity which places stress on the cardiovascular system. Participant will also be exposed to risks while traveling and participating in various activities. Some of these activities involve travel in vehicles (for example, in vans when traveling to a competition or to the airport) and exposure to large crowds (such as at a music concert). The specific risks vary from one activity to another, but in each activity the risks range from (1) minor injuries such as scratches, cuts, bruises, and sprains to (2) major injuries such as loss of sight, loss of teeth, broken bones, joint or back injuries, concussions, and heart attacks to (3) catastrophic injuries including paralysis and death. I also understand that the Participant may expose others, or may be exposed, to contagious disease such as influenza, chicken pox or measles.

Participant and Parent/Guardian have read the previous paragraphs and (1) understand the nature of the activities at ASC-Florida, (2) understand the demands of those activities relative to the physical condition and skill level of Participant, and (3) appreciate the types of illnesses and injuries which may occur as a result of activities made possible by ASC-Florida. Participant and Parent/Guardian hereby assert that participation is voluntary and that Participant and Parent/Guardian knowingly assume all such risks.

Acknowledgement of Rules and Standards of Conduct

I understand that ASC-Florida has rules and standards of conduct that are set forth in the Student Handbook. I agree to abide by these rules and standards for the safety of Participants, the staff, and the other participants.

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

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

Signature of Mother/Guardian: _____ Date: ____/____/____
Month Day Year

Signature of Father/Guardian: _____ Date: ____/____/____
Month Day Year

Signature of Participant: _____ Date: ____/____/____
Month Day Year

Consent for Treatment (Required for all Participants)

This is to certify that the administrative staff of Academia Sánchez-Casal Florida is being given authority by me

Parent Guardian of _____
 to act on my behalf for any medical/mental health care treatment (including immunizations required by law) 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 prescriptions 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; and (6) treatment or surgery that may be deemed necessary by appropriate medical personnel.

Signature of Parent/Guardian: _____ today's Date: ____/____/____
Month Day Year

Notarized by _____ Stamp and Seal: _____

Witness (if outside US): _____ (Witness can be Judge, Lawyer, Justice of Peace, Public Official)

Insurance coverage information

Name of Insurance Company: _____ Policy Number: _____

Address: _____

Telephone: (_____) _____

Required credit card information

I hereby authorize the use of my credit card to cover all medical expenses.

Card to be used: .

Visa. Master Card American Express Discover _____

Credit Card #: _____

Exact Name on Card _____ Expiration Date: ____/____/____
Month Year

Signature of Card Holder: _____

Medical information

Family Doctor: _____ Telephone: (_____) _____

Are you currently taking any medication: YES NO

If yes, please give name of medications(s) and explain reason for and method of use:

PLEASE NOTE ALL PAST MEDICAL HISTORY ON THE LIST BELOW ALONG WITH THE DATES OF ENC

Chicken Pox	Yes _____	Kidney Disease	Yes _____	Eczema	Yes _____
Measles	Yes _____	Stomach Disorders	Yes _____	Epilepsy	Yes _____
Asthma/Hay Fever	Yes _____	HIV	Yes _____	Fainting	Yes _____
Diabetes	Yes _____	ADD	Yes _____	Heart Disease	Yes _____
Mononucleosis	Yes _____	Depression	Yes _____	Hepatitis	Yes _____
Pneumonia	Yes _____	German Measles	Yes _____	Hernia	Yes _____
Scarlet Fever	Yes _____	Mumps	Yes _____	Tuberculosis	Yes _____
Sinusitis	Yes _____	Anemia	Yes _____	Venereal Disease	Yes _____
Tonsillitis	Yes _____	Concussion	Yes _____	Meningitis	Yes _____

PLEASE PROVIDE INFORMATION ON ANY CHRONIC ILLNESSES; SPORTS INJURIES; ALLERGIC REACTIONS TO CERTAIN DRUGS; FOODS OR MEDICATIONS, SURGERIES; ETC.

Drug and alcohol testing consent, waiver and 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, the ASC-Florida 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 ASC-Florida

I hereby consent to having samples of my 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 ASC-Florida

Participant Signature: _____ Print Name: _____

Date: ____/____/____
Month Day Year

Parent Guardian Signature: _____ Print Name: _____

Date: ____/____/____
Month Day Year

Student Health Form

Florida State Law requires that all students attending the Academia Sánchez-Casal have a physical exam prior to attendance. This physical exam can be no more than 1 YEAR OLD.

ACADEMIA SANCHEZ CASAL OFFERS AFFORDABLE MEDICAL INSURANCE UPON REQUEST PLEASE HAVE YOUR PHYSICIAN COMPLETE THIS FORM

Parent or Guardian Name: _____

IF PARENT WILL BE TRAVELING WHILE THE STUDENT IS ATTENDING ASC-FLORIDA , PLEASE COMPLETE:

Travel location: _____

Telephone: (_____) _____
 (Please include Country and City Codes)

Student's Name: _____

Date of birth: ____/____/____ Today's Date: ____/____/____ Age: ____
 Month Day Year Month Day Year

General appearance: _____

Height: _____ Weight: _____ Male Female

IMMUNIZATION HISTORY: Enter dates of immunizations (Month/Year).

Vaccine DOE Code Dose 1 ____/____ Dose 2 ____/____ Dose 3 ____/____ Dose 4 ____/____ Dose 5 ____/____

DtaP/DTP A ____/____

DT B ____/____

Td C (Booster) ____/____

Polio D ____/____

HIB E ____/____

*MMR (combined) ____/____

F (Separate) G,H,I (measles 1) (measles 2) (munps) (rubella) ____/____

Hepatitis B J ____/____

*Two (2) measles immunizations are required by the State of Florida

GENERAL QUESTIONS (Explain "yes" answers below.)

Has/does the Student:

- | | | |
|-----------------------------------------------------------------|-----|----|
| 1. Had any recent injury, illness or infectious disease? | YES | NO |
| 2. Have a chronic or recurring illness/condition? | YES | NO |
| 3. Ever been hospitalized? | YES | NO |
| 4. Ever had surgery? | YES | NO |
| 5. Have frequent headaches? | YES | NO |
| 6. Ever had a head injury? | YES | NO |
| 7. Even been knocked unconscious? | YES | NO |
| 8. Wear glasses, contacts or protective eye wear? | YES | NO |
| 9. Ever had frequent ear infections? | YES | NO |
| 10. Ever passed out during or after exercise? | YES | NO |
| 11. Ever been dizzy during or after exercise? | YES | NO |
| 12. Ever had seizures? | YES | NO |
| 13. Ever had chest pain during or after exercise? | YES | NO |
| 14. Ever had high blood pressure? | YES | NO |
| 15. Ever been diagnosed with a Heart condition or Heart murmur? | YES | NO |
| 16. Ever had back problems? | YES | NO |
| 17. Ever had problems with joints (e.g. knees, ankles)? | YES | NO |
| 18. Have an orthodontic appliance being brought to academy? | YES | NO |
| 19. Have any skin problem (e.g. itching, rash, acne)? | YES | NO |
| 20. Have diabetes? | YES | NO |
| 21. Have asthma? | YES | NO |
| 22. Had mononucleosis in the past 12 months? | YES | NO |

- | | | |
|-----------------------------------------------------------------------------|-----|----|
| 23. Had problems with diarrhea/constipation? | YES | NO |
| 24. If female, have any abnormal menstrual history? | YES | NO |
| 25. Ever had an eating disorder? | YES | NO |
| 26. Ever had emotional difficulties for which professional help was sought? | YES | NO |
| 27. Ever taken illegal drugs of any kind, even once? | YES | NO |
| 28. Ever tested positive for HIV or AIDS? | YES | NO |

Please explain any "yes" answers, noting the number of the questions.

Please list below any operation or injuries:

Please list any allergies we should be aware of (medications, foods, or other --such as bee stings):

Medications being taken

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time to complete physician's prescription. Keep it in the original packaging/bottle that the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. This person takes NO medications on a routine basis OR. This person takes medications as follows:

Med # 1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med # 2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

I have examined this child and believe that he/she is physically able to participate in all activities except:

Name of Examiner Signature of Examiner Date

Minor Child Indemnification Provision

Student's Name: _____

Address: _____

Date of Birth: ____/____/____
Month Day Year

Telephone: (_____) _____

Parent or Legal Guardian: _____

Emergency Contact Name and Phone#: _____

For the Period of: _____ through _____

Assumption of risk for participation fitness and recreational activities

I, the undersigned, realize that participation in any activity involves risks of injury and or abnormal responses, including but not limited to soft tissue or muscle strains/sprains, heat stress, head and spine and related musculoskeletal trauma, abnormal blood pressure, fainting, chest discomfort, heart attack, or even death. I also recognize that there are many other risks of injury, including serious disabling injuries, that may arise due to participation in any activity and that it is not possible to specifically list each and every individual injury risk. However, knowing the material risks and knowing and reasonably anticipating that other injuries and even death are a possibility, on behalf of the minor child listed above,

I hereby assume all the delineated risks of injury, all other possible risk of injury, and even risk of death, which could occur, by reason of my minor child's participation.

I had the opportunity to ask questions and obtain legal counsel. Any questions I expressly have asked have been answered to my satisfaction. I understand the risks of my participation in any activity, and knowing and appreciating these risks, I voluntarily choose to allow my minor child to participate, assuming all risks of injury or even death due to my participation.

Participant Signature: _____ Print Name: _____

Date: ____/____/____
Month Day Year

Parent Guardian Signature: _____ Print Name: _____

Date: ____/____/____
Month Day Year

Activity Permission Form

In order for your child to be permitted to participate in any of the following list of activities, your prior written approval is required. Please explain to your child your reasons if you do not wish him/her to participate in these activities. However, please be advised that your child may participate in sports activities and play which are not supervised by us or under our control (i.e., rollerblading, skateboarding, "pick-up" basketball games) for which we will have no responsibility.

I give my child permission to participate in all athletic activities offered at the Academia Sánchez-Casal campus and in off-campus outings to tournaments, the beach, theme parks, malls and other entertainment venues:

YES NO Please list exceptions:

I also give my child permission to participate in the following supervised off-campus activities:

Water Skiing Jet Skiing Rock Concert Canoeing Deep Sea Fishing.ect Others

My child may participate in other activities or outings not specifically listed above at the Academy's discretion:

YES NO

I give my child permission to be transported by teachers and/or staff of the academic school he/she is attending while enrolled at the Academia Sánchez-Casal YES NO

My child may participate in sport product testing. YES NO

I give my child permission to go off-campus or on an overnight visit with adult individuals (over 21 years of age) and/ or families specified on the next page. I understand that my child will not be given permission to go off campus with individual families or other persons unless specified by me in writing.

Parent Guardian Signature: _____ Print Name: _____

Date: ____/____/____
 Month Day Year

Activity Permissions (sign out)

Participant's Name: _____

Please specify name of adults (over 21 years of age) who you authorize to "sign out" your child from the Academia Sánchez-Casal Florida
 (Please specify any restrictions)

Full Legal Name: _____

Phone Number: _____ Address: _____

Please indicate:

Overnight Dinner School Night Other Activity (specify): _____

Restrictions/Comments: _____

Full Legal Name: _____

Phone Number: _____ Address: _____

Please indicate:

Overnight Dinner School Night Other Activity (specify): _____

Restrictions/Comments: _____

Full Legal Name: _____

Phone Number: _____ Address: _____

Please indicate:

Overnight Dinner School Night Other Activity (specify): _____

Restrictions/Comments: _____

Full Legal Name: _____

Phone Number: _____ Address: _____

Please indicate:

Overnight Dinner School Night Other Activity (specify): _____

Restrictions/Comments: _____

Full Legal Name: _____

Phone Number: _____ Address: _____

General Information

List of Things to Bring for Dorm Life (Boarders only)

- Hangers
- Bath towels
- Toiletry bags and toiletries
- Hand towels (for bath and sports)
- Sun screen
- Hats / Visors
- Alarm clock
- Swimming suit and beach towel
- Water jug
- Laundry bags
- Running/Training shoes
- Casual dress for extracurricular activities
- Collared shirts for tournaments
- Notebook and pen
- String/Grips

Note: Please mark all belongings with participant's name.

Arrival/Departure

All players are required to check-in upon arrival. Check-in and check-out will be mandatory and must be done at the Academy's front desk

Plane tickets, passport, important documents and personal money must be handed in the Academy front desk, for safety during the student's stay.

For non-Campus Resident players' check-in will be on Monday. The schedule is subject to change dependent on the program they follow. Players and/or parents will be notified of changes the week prior to arrival.

Mail

Personal mail and packages can be sent for students to the following address:

(student's name)
Academia Sánchez-Casal (The Naples Tennis Club)
4995 Airport pulling Rd N
Naples, Florida 34105

Phone/Fax

Players will be notified upon arrival to the academia their phone number and hours that they can be reached. Players will have the opportunity to buy phone cards at the front desk of the club.

Players can receive faxes on **239 643 6423**