



## **GENERAL INFORMATION**

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**PERSONAL INFORMATION**

Player name: \_\_\_\_\_  
 Place of birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Height: \_\_\_ Weight: \_\_\_  
 Home Address: \_\_\_\_\_  
 Telephone Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**PARENTS INFORMATION**

Parent Name: \_\_\_\_\_ Home phone \_\_\_\_\_  
 work \_\_\_\_\_ Cell \_\_\_\_\_ Email: \_\_\_\_\_

**SCHOOL name and phone** \_\_\_\_\_ **Grade** \_\_\_\_\_

For how long have you been playing for: \_\_\_\_\_  
 How old were you when you started to play? \_\_\_\_\_  
 How many sessions per week? \_\_\_\_\_  
 How many hours per day? \_\_\_\_\_  
 How many matches per year? \_\_\_\_\_  
 Right Handed: \_\_\_\_\_ Left handed: \_\_\_\_\_  
 Have you played Fed Cup or Davis cup for any Nation? If yes. Nation: \_\_\_\_\_  
 What is your ranking: National: \_\_\_\_\_ State: \_\_\_\_\_ Regional: \_\_\_\_\_ ITF: \_\_\_\_\_  
 WTA/ATP: \_\_\_\_\_  
 USTA # \_\_\_\_\_ IPIN # \_\_\_\_\_  
 Currently play for country: \_\_\_\_\_

**ACTIVITY PERMISSION**

Dear Parents:

y will be at your own responsibility. I give my children permission to participate in all extra activities organized by the Pro Tennis Academy on campus and off campus outings, tournaments, theme parks, malls and other entertainment venues.  
 YES/ NO

Please list exemptions:

\_\_\_\_\_ I also give my children permission to participate in the following activities:

\_\_\_\_\_ I give my children permission to be transported by the Pro Tennis Academy staff while enrolled at the academy.  
 YES/ NO

Parent Signature; \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_

Please fill in your travel information.

Arriving at: \_\_\_\_\_ Airport \_\_\_\_\_  
 Arriving from: \_\_\_\_\_ Date of Arrival: \_\_\_\_\_ Airline and Flight \_\_\_\_\_



**CONSENT FOR TREATMENT**

This is to certify that I \_\_\_\_\_  
parent of \_\_\_\_\_ authorizes Pro Tennis  
Academy, Inc. to act on my behalf for any medical/mental health care treatment. This consent  
for treatment extends to signing and conduct; (1) legal authorization for treatment; (2)  
consultations; (3) anesthesia; (4) emergency examinations; (5) consent fort Hospitalization;  
(6) treatment of surgery that may be deemed necessary by appropriate medical personnel.

Signature of parents: \_\_\_\_\_

Date: \_\_\_\_\_

**INSURANCE COVERAGE INFORMATION**

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s) \_\_\_\_\_

Policy# \_\_\_\_\_ Group # \_\_\_\_\_

Other info: \_\_\_\_\_

**CREDIT CARD INFORMATION**

Credit Card Type  
(VISA/MC,etc...) \_\_\_\_\_

Name on Credit card: \_\_\_\_\_

Address where you receive the credit card

invoices: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVS# \_\_\_\_\_

Signature of card holder \_\_\_\_\_

**MEDICAL HISTORY**

For now, do you have any injuries or pain anywhere in your body? If yes indicate them in the  
injury diagram.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the pain level for each injury from (1 to 10)

\_\_\_\_\_  
\_\_\_\_\_

Have you done any medical examinations, if yes, when?

\_\_\_\_\_  
\_\_\_\_\_

Are you right now under any medical treatment?. Also are you taking any medication or  
nutritional supplement provide a name of it.

\_\_\_\_\_

**Initial** \_\_\_\_\_

What is your injury history? DATE

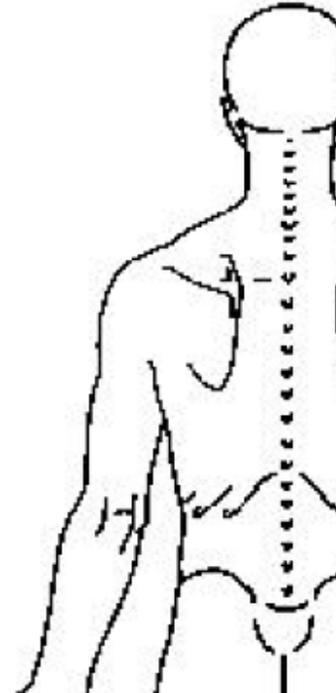
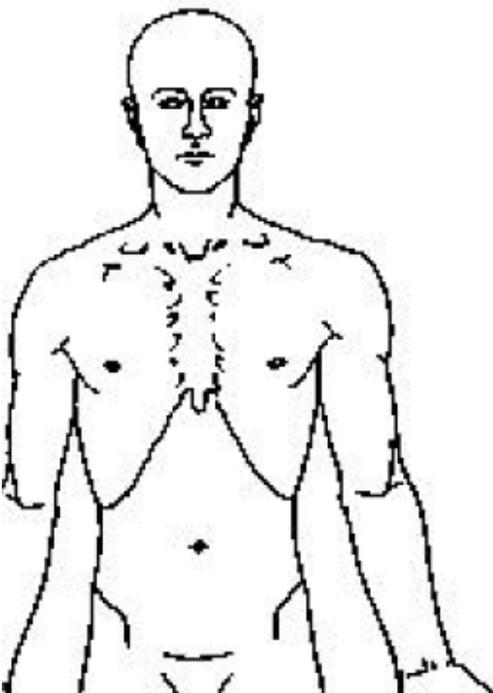
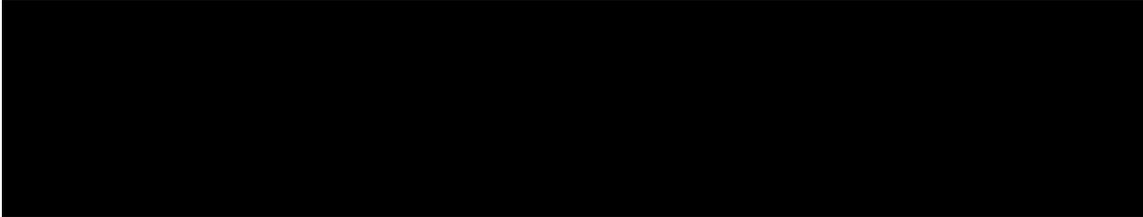
TIME OFF

TREATMENT

ANY SEQUELS

Have you had all immunizations?

**INJURY DIAGRAM**



Please write down any other necessary information (use a separate sheet of paper if needed)

I, \_\_\_\_\_ certify that all the information provided are true to the best of my knowledge. I understand that any false, misleading statement or omissions of my part may jeopardize the validity of the application, and I will be accountable for the consequences that may follow. The use of illegal drugs, controlled substances and alcohol is strictly prohibited and I understand that penalties may be imposed, including expulsion for violating the policy.

Participant Signature \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_

**MEDICAL CERTIFICATE**

Doctors/Examiners name \_\_\_\_\_

Address: \_\_\_\_\_

Certifies that I have examined Mr/Ms: \_\_\_\_\_

Born on: \_\_\_\_\_ and believe that he/she is capable to participate in all activities expect: \_\_\_\_\_

Done at: \_\_\_\_\_ Date: \_\_\_\_\_

Doctors Seal Doctors Signature. \_\_\_\_\_



Initial \_\_\_\_\_

## GENERAL CONDITIONS

### 1. Payment of tuition:

The undersigned agrees to pay the tuition fees in US dollars in the following matter:

Payment Options:

Option A.

FULL PAYMENT OF \$ \_\_\_\_\_ 40% deposit \$ \_\_\_\_\_ Remain balance due before begin program:  
\$ \_\_\_\_\_ Program date Sept 2015/May 2015.

Option B. all monthly payment program must be due in advance the first day of each month.

### WIRE TRANSFER INSTRUCTIONS:

Wire Payments To:

SunTrust Bank ABA #061000104

Swift Code: SNTRUS3A

Credit Account: #1000139527328

Name: PRO TENNIS ACADEMY, LLC.

### 2. 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 PRO TENNIS ACADEMY LLC., will be refunded to you or canceled/forgiven for any reason except for those limited reasons specified in the "Cancelation" and "Medical/Injury Withdrawal Refund Policy" attached. Also, Participant and Parents acknowledge that what your account is past due for 30 or more days, you will not be allowed to attend instruction in your program and PRO TENNIS ACADEMY LLC. may refuse to continue to provide continued room and board if applicable. Participant and Parents agree to pay any costs, including attorney fees, incurred by PRO TENNIS ACADEMY LLC. in enforcing this agreement and collecting any balances hereunder plus interest at the rate of 1 % per month for the past due balances. There is no refund or monies for any period of time when Participant is away from PRO TENNIS ACADEMY LLC. regardless of the reason or circumstances, including weather, holidays, vacation, and tournaments. If you are dismissed from PRO TENNIS ACADEMY LLC. for disciplinary or other reasons, or are suspended and required to return home for a period of time Participant's at PRO TENNIS ACADEMY LLC. tuition and reservation fees will not be returned and all cost incurred to return home will be in sole responsibility of the participant Parents. If Participant changes from the boarding to the non-boarding program, Participant and Parents will be charged a boarding termination fee equal to 50% of the difference of the two programs.

### 3. Medical Injury Withdrawals

Complete involuntary withdrawal from the tennis program for 30 or more consecutive days as required or advised by a qualified and licensed medical practitioner for any medical condition injury which is certified to and related by such qualified licensed medical practitioner. Complete medical/injury withdrawal applies to both boarding and non-boarding Participants who must withdraw from the PRO TENNIS ACADEMY LLC. as set forth above. Upon request, a credit or refund (if all tuition payments and other fees specified in the Tuition/Enrollment agreement have been paid) will be issued equal to 30% of the pro rata tuition for the portion of the remaining enrollment period.

### 4. Procedure for refunds

Requests for a partial refund or fully paid tuition fees or credit against any tuition fee remaining due as set forth above must be made in writing to PRO TENNIS ACADEMY LLC. within 30 days of the participants first day of complete separation from the program. Any refund granted will first be applied toward the outstanding balance of the Participant's account. Refunds not required to settle the participant's account with PRO TENNIS ACADEMY LLC., if any, shall be made to the parent or guardian who signed the enrollment contract. Calculation of the refund or credit, as the case may be, will be done within 30 days after the first day the Participant returns to the tennis program, calculation of the total refund or credit, as the case may be, will be done within sixty days after the written notice has been received by PRO TENNIS ACADEMY LLC., confirming that the Participant will not be returning to PRO TENNIS ACADEMY LLC. Any tuition credit granted will be applied first toward the outstanding balance of the Participant's account and thereafter against any balance as may remain due under the Enrollment agreement. If there is a reminding balance due under the terms of the Tuition/Enrollment agreement after application of the tuition credit card, such balance shall be paid in accordance with the payment plan selected under terms of the Enrollment agreement.

### **5. Cancellation Policy**

PRO TENNIS ACADEMY LLC. agrees that enrollment as specified within this Enrollment agreement may be canceled without penalty (except for forfeiture of the non-refundable Reservation Fee) if written notification is received by PRO TENNIS ACADEMY LLC. at least (4) weeks prior to the scheduled start date. If enrollment is canceled (4) weeks or less to the scheduled start date, Participants parents remain obligated to the full tuition subject only to exemptions specified in the PRO TENNIS ACADEMY LLC. Medical/Injury Withdrawal Refund Policy set herein.

### **6. 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 PRO Tennis Academy (herein referred as „ PRO TENNIS ACADEMY LLC.“), Participant and Parent, on behalf of the Participant, Participant's heirs, personal representatives, or assigns, hereby release, waive, discharge, and covenant not to sue, PRO TENNIS ACADEMY LLC., 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 negligence of PRO TENNIS ACADEMY LLC. 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 consent to all videotaping and photographing of a Participant and agree that PRO TENNIS ACADEMY LLC. can use these images at any time and any manner without payment to Participant and without Participant's or Parents approval.

**Initial** \_\_\_\_\_

### **7. Indemnification and hold harmless**

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

### **8. Severability and Venue**

Participant and Parent further expressly agree that this waiver s 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 agree that all disputes must be resolved using binding arbitration and take place at the office of the American Arbitration Association located at Bradenton, Florida. Acknowledgment of Understanding: Participant and parent have read this waiver and fully understand its terms. Participant and Parent understand that Participant's is giving up rights, including the right to compensation for injury resulting from negligence of PRO TENNIS ACADEMY LLC. Participant and Parent acknowledge that they are signing this agreement freely and voluntarily, and intent their signatures to be complete and unconditional release of all liability to the greatest extent allowed by law.

### **9. 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. PRO TENNIS ACADEMY LLC. has facilities for various sport specific and related activities such as strength of training and running. Some of these activities involve strenuous exertion 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 and younger and who may be large 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 to a competition or to the airport). The specific risks vary from one activity to another, but in each activity the risks ranges 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 Participant may expose others, or may be exposed, to contagious disease such as influenza, chicken pox, or measles. Participant and Parent have read the previous paragraphs and (1) understands the



nature of the activities at PRO TENNIS ACADEMY LLC., (2) understand the demands of those activities relative to the physical condition and skill level of Participant and (3) appreciate the types of illness and injuries which may occur as a result of activities made possible y PRO TENNIS ACADEMY LLC. participant and Parent herby assert that participation is voluntary and that Participant and Parent knowingly assume all such risks.

**10. Acknowledgment of rules and standards of conduct**

I understand that PRO TENNIS ACADEMY LLC. 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.

**11. Acknowledgment of Understanding**

Participant and Parent have read this agreement to participate and fully understand its terms. Participant and Parent acknowledge freely and voluntarily signing the agreement and intend the signatures to signify a complete assumption of the inherent risks of participating in observing activities at PRO TENNIS ACADEMY LLC. to the greatest extent by the law in the State of Florida.

**12. Use of illegal Substances**

The use of illegal drugs, controlled substances and alcohol is strictly prohibited. Violating this policy will result in immediate expulsion of the student.

**13. Force Majeure**

PRO TENNIS ACADEMY LLC. shall not be obliged to compensate students when program cancellation is due to force majeure, or reasonable causes. He latter is understood as the circumstances beyond the control of PRO TENNIS ACADEMY LLC., and that are unavoidable, despite having acted with due diligence.

**14. Usage of students Image**

PRO TENNIS ACADEMY LLC. reserves the right to use photos and other materials acquired by PRO TENNIS ACADEMY LLC. through participation in its programs, as advertising material as long as students do not expressly prohibit it when they arrive for the program.

**Participant Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name:** \_\_\_\_\_