



**everett**  
tennis academy

**Full-time Enrollment Application**

## Admissions Procedures

The Evert Tennis Academy looks for student-athletes who are hard working and dedicated both in their sport and in life. Closely reviewed are personal characteristics, school performance, and individual sport history, ability and potential.

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### 1. Complete Application and return to Loretto Vella at the address listed below:

Evert Tennis Academy  
10334 Diego Drive South  
Boca Raton, FL 33428  
Fax: 561-488-2055

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### 2. Letters of Recommendation (2)

Please include one letter of recommendation from an academic teacher and one letter of recommendation from a coach or an adult other than a family member who has been a positive influence and submit with application.

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### 3. Personal Statement

To assist the Admission Committee in becoming better acquainted with you, your thoughts, ideas and goals, please submit a personal statement of approximately 150 words. Select one of the suggestions listed below. Please type or print clearly on a separate piece of paper and enclose it with your application. Make certain your name appears on the essay.

- Describe an experience or achievement that has influenced a belief or value that you hold.
  - Explain your long-range sport and educational goals.
  - If you could interview a significant historical figure, past or present, who would it be and why?
  - Select a topic of your choice that gives insight into you and your personal interests.
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### 4. Interview and Visit

We recommend that all prospective students visit the Academy for a personal interview. Ideally this interview would take place during a one-week program at the Academy. During that time you will have the opportunity to acquaint yourself with our environment by meeting our coaches and staff, participate in the tennis program, look at the dorms, and visit the academic schools of interest. This experience will allow you to get a feel for the type of training our full-time students receive. It will also give you an understanding of the lifestyle of the students at the Academy. If you are accepted into the full-time program at ETA, the cost of the one-week program will be deducted from the full-time tuition otherwise the individual is responsible for the cost. If you are unable to attend in person, a phone interview will be required prior to acceptance.

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### 5. Summary

Mail or fax ETA Enrollment Application along with two letters of recommendation and a personal statement as described above. Then call and set up a week long visit to ETA.

If you have any further questions concerning our full-time program, please feel free to call us at 1-800-41(SERVE) or 561-488-2001.



EVERT TENNIS ACADEMY  
10334 DIEGO DRIVE SOUTH  
BOCA RATON, FLORIDA 33428  
PHONE: 561-488-2001 • 1-800 41(SERVE)  
WWW.EVERTACADEMY.COM • EMAIL: EVERT@IMGWORLD.COM  
FAX: (561) 488-2055

## FULL-TIME PROGRAM PRICES

- PAYMENT PLAN #1 - TUITION PAYABLE IN FULL ON OR BEFORE AUGUST 1**

Available only to participants attending August 21, 2006 through June 1, 2007

Afternoon Tennis Boarding	\$29,000
Afternoon Tennis Non-boarding	\$15,950
All-day Tennis Boarding	\$36,000
All-day Tennis Non-boarding	\$23,000
Developmental Tennis Boarding	\$42,000
Developmental Tennis Non-boarding	\$29,000

- PAYMENT PLAN #2 - ANNUAL TUITION PAYABLE IN TWO EQUAL INSTALLMENTS**

Minimum stay 4-1/2 months - First Semester Due August 1, Second Semester Due December 1

	Semester Installment	Full Tuition Amount
Afternoon Tennis Boarding	\$15,750	\$31,500
Afternoon Tennis Non-boarding	\$9,000	\$18,000
All-day Tennis Boarding	\$19,000	\$38,000
All-day Tennis Non-boarding	\$12,500	\$25,000
Developmental Tennis Boarding	\$22,500	\$45,000
Developmental Tennis Non-boarding	\$15,750	\$31,500

- A \$2,000 non-refundable deposit is payable upon acceptance to reserve a place. (This deposit is credited towards whatever payment plan is selected)
- First semester: August 21 to January 12; second semester: January 15 to June 1.
- Boarding includes: accommodations, 3 meals per day, tennis program, local transportation when available, and accident insurance.
- Annual tuition or semesters are to be paid in advance. If monthly payments are requested, a 10% premium will be added to the appropriate price.
- Late payments will incur a 5% service charge.
- Please contact the academic school of your choice for tuition rates. The academic school needs to be paid separately—the prices above do not include school.

Note: Prices subject to change without notice



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# FULL-TIME PROGRAM DEPOSIT FORM

I, \_\_\_\_\_, parent/guardian of  
Name of Parent

\_\_\_\_\_ do hereby confirm the enrollment of my son/  
Name of Student

daughter in the full-time tennis program for the 20\_\_-20\_\_ year. He/she will participate in the

afternoon only  all day program  development program  
as a  boarding  non-boarding student.

Academic School: \_\_\_\_\_ Grade: \_\_\_\_\_ He/she will be enrolled from \_\_\_\_\_  
month/day/year  
to \_\_\_\_\_ . We agree to make the tuition payment as specified below:  
month/day/year

## \_\_\_\_\_ Payment Plan #1

The balance of the full tuition minus the Reservation Fee is due on or before August 1, 20\_\_.

## \_\_\_\_\_ Payment Plan #2

Fifty percent (50%) of the full tuition minus the Reservation Fee is due on or before August 1, 20\_\_.  
The remaining 50% of the annual tuition is due on December 1, 20\_\_.

**Enclosed is our non-refundable deposit in the amount of \$2,000.**

Form of Payment:  Check # \_\_\_\_\_ must be drawn on US bank)

Credit Card: VI, MC, AMEX, DC

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Wire Transfer (copy of W/T attached)

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



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# REGISTRATION FORM – EVERT TENNIS ACADEMY

(Notify this office at once of any changes during the school year or sport program term)

Participant's Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  Boarding  Non-Boarding  
Month/Day/Year

Home Address: \_\_\_\_\_ USTA # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Home Fax #: ( \_\_\_\_\_ ) \_\_\_\_\_  
(Please include Country and City Codes) (Please include Country and City Codes)

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

Local Address (if applicable) \_\_\_\_\_

Local Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date \_\_\_\_\_ SSN# or Passport # \_\_\_\_\_

SCHOOL ATTENDING:  SEK  American Heritage  UMOHS GRADE: \_\_\_\_\_

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 #: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell #: ( \_\_\_\_\_ ) \_\_\_\_\_

Are the Participant's parents/guardians divorced or separated?  Yes  No If yes, date: \_\_\_\_\_

Name of Custodial Parent/Guardian: \_\_\_\_\_

Country/State of residence? \_\_\_\_\_ What type of custody order\* did the court issue? \_\_\_\_\_  
(Enter one: sole, joint, shared or split custody)

What state or country issued the order: \_\_\_\_\_  
(\*Please attach a copy of the order)



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# TUITION/ENROLLMENT AGREEMENT

In consideration of the non-refundable Reservation Fee, in the amount of US\$ \_\_\_\_\_ from the undersigned, ETA has reserved a place for: NAME OF THE PARTICIPANT: \_\_\_\_\_ in the:

Boarding     Non-Boarding     Afternoon Only     Developmental Program     All-Day Program

program for a period of:

One School Year (9 mos.)     One Semester (4-1/2 months)     Other \_\_\_\_\_

A copy of this Tuition/Enrollment Agreement must be signed by the Participant and his/her parents or guardians and returned to ETA along with the complete registration packet for the 20\_\_-20\_\_ school year or any portion thereof. A fully executed copy of the agreement will be returned to Participant/Parents/Guardians upon acceptance and approval by ETA's Business Manager.

## PAYMENT OF TUITION:

The undersigned agrees to pay tuition in the amount of US\$ \_\_\_\_\_ in the following manner: (Check one)

PAYMENT PLAN 1: The balance of the full tuition minus the Reservation Fee is due August 1, 20\_\_.

PAYMENT PLAN 2: 50% of full tuition minus Reservation Fee is due August 1, 20\_\_. The balance is due on December 1, 20\_\_.

**ADDITIONAL DEPOSIT:** In addition to the tuition, the undersigned agrees to pay the following **mandatory** deposit due four (4) weeks prior to arrival:

**PERSONAL SPENDING ACCOUNT - US\$1,500 BOARDING PARTICIPANTS.** This deposit will be placed in 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 bills. When this account reaches or falls below US\$500, Participant will be notified and is responsible for arranging for the deposit of additional monies within ten (10) days of notification. *This account must always have a minimum balance of US\$500.* Upon your departure from ETA, Participant may withdraw any monies remaining in this account **provided** all other outstanding obligations to ETA have been paid in full.

**SECURITY DEPOSIT - BOARDING PARTICIPANTS ONLY.** The \$500 minimum referred to above is required as a security deposit and is available to cover any and all property damages caused by the Participant (either alone or with other persons) to any ETA property. Participant and his/her Parents/Guardians agree and **hereby authorize** the automatic and immediate repayment of the cost of damages, and the amount needed to bring the security deposit back to the initial level of US\$500, through a charge by ETA against the credit card number written below. This deposit will be held until after your departure from ETA. 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.

**REFUND OF DEPOSIT:** The Personal Spending Account will be refunded four (4) weeks after departure provided: (a) room condition is acceptable at check out, (b) all tuition, medical, tournament and any other financial obligations are paid in full and (c) a written request is submitted. Remaining balance in the Personal Spending Account can and will be used towards the fulfillment of other outstanding financial obligations.

**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 ETA, will be refunded to you or canceled/forgiven for any reason except for those limited reasons specified in the "Cancellation" and "Medical/Injury Withdrawal Refund Policy" attached. Also, Participant and Parents/Guardians acknowledge that when your account is past due for 30 or more days, you will not be allowed to attend instruction in your program and ETA may refuse to provide continued room and board, if applicable. Participant and Parents/Guardians agree to pay any costs, including attorneys fees, incurred by ETA in enforcing this agreement and collecting any balances due hereunder plus interest at the rate of 1% per month for past due balances. During ETA's 2-week vacation at Christmas and 1-week vacation in spring, Participant and Parents/Guardians are responsible for removing all of your personal belongings from ETA's on-campus housing into storage at your own expense. There is no refund of monies for any period of time when Participant is away from ETA regardless of the reason or circumstances, including vacations and tournaments. If you are dismissed from ETA 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 cost of the two programs.

**A credit card number is required to cover balances due on any ETA 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     Diners     Discover

Credit Card #: \_\_\_\_\_ Exact Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature of Card Holder: \_\_\_\_\_



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# TUITION/ENROLLMENT AGREEMENT

**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 Boca Raton, 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.

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

Signature of Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

EVERT TENNIS ACADEMY, L.L.C.  
\_\_\_\_\_  
Date: \_\_\_\_\_

By: DOUGLAS H. DRESSEL  
BUSINESS MANAGER

While ETA requires full payment of tuition and all other fees for the entire enrollment period specified in the Tuition/Enrollment agreement, it is the policy of ETA to ease, upon request, this financial obligation in the event of a withdrawal only as described below:

**Medical/Injury Withdrawal:** Complete involuntary withdrawal from the tennis program for 30 or more continuous days as required or advised by a qualified and licensed medical practitioner for any medical condition or injury which is certified to and treated by such qualified and licensed medical practitioner. Complete medical/injury withdrawal applies to both boarding and non-boarding Participants who must withdraw from ETA 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 40% of the pro rata tuition for the portion of the remaining enrollment period.

**Procedure for Refund:** Requests for a partial refund of fully paid tuition fees or credit against any tuition fee remaining due as set forth above, must be made in writing to the Business Manager within 30 days of the Participant's 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 ETA, if any, shall be made to the parent or guardian who signed the enrollment contract. Calculation of 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. If the Participant is unable to return to the tennis program, calculation of total refund or credit, as the case may be, will be done within sixty days after written notice has been received by the Business Manager, confirming that the Participant will not be returning to ETA. 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 Tuition/Enrollment agreement. If there is a remaining balance due under the terms of the Tuition/Enrollment agreement after application of the tuition credit or refund, such balance shall be paid in accordance with the payment plan selected under terms of the Tuition/Enrollment agreement.

**Cancellation Policy:** ETA agrees that enrollment as specified within this Tuition/Enrollment agreement may be canceled without penalty (except for forfeiture of the non-refundable Reservation Fee) if written notification is received by the Business Manager at least four (4) weeks prior to the scheduled start date. If enrollment is canceled four (4) weeks or less prior to the scheduled start date, Participants and Parents/Guardians remain obligated for the full tuition subject only to exceptions specified in the Evert Tennis Academy Medical/Injury Withdrawal Refund Policy set forth herein.



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## WAIVER

**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 Evert Tennis Academy (hereafter referred to as "ETA"), Participant and Parent/Guardian, on behalf of Participant, Participant's heirs, personal representatives, or assigns, hereby release, waive, discharge, and covenant not to sue, ETA, 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 ETA 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 ETA can use these images at any time and in any manner without payment to Participant and without Participant's or Parent/Guardian's approval.

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

**Severability and Venue:** Participant and Parent/Guardian further expressly agree that this waiver is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the remaining portion of the waiver will continue in full legal force and effect. Also, Participant and Parent/Guardian agree that all disputes must be resolved using binding arbitration and take place at the office of the American Arbitration Association located nearest to Boca Raton, 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 ETA. 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 ETA 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.

\_\_\_\_\_  
Signature of Parent/Guardian of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Minor Participant

\_\_\_\_\_  
Date

## 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. ETA 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 ETA, (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 ETA. 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 ETA 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 ETA 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 ETA (as specified in paragraph one) and acknowledge that Participant and Parent/Guardian expressly assume all inherent risks of the activity.

\_\_\_\_\_  
Signature of Parent/Guardian of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Minor Participant

\_\_\_\_\_  
Date



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## Consent For Treatment (Required for all Participants)

This is to certify that the administrative staff of Evert Tennis Academy ("ETA") is being given authority by me

\_\_\_\_\_ Parent Guardian of \_\_\_\_\_ to act on my behalf  
 (Please Print Name) (Please Print Name)

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: \_\_\_\_\_

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

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

### MEDICAL INFORMATION

Family Doctor: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Are you currently taking any medication:  YES  NO If yes, please give name of medication(s) and explain reason for and method of use:

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

- |   |  |   |
|---|--|---|
| Chicken Pox <input type="checkbox"/> Yes _____      | Kidney Disease <input type="checkbox"/> Yes _____    | Eczema <input type="checkbox"/> Yes _____           |
| Measles <input type="checkbox"/> Yes _____          | Migraine <input type="checkbox"/> Yes _____          | Ear Infection <input type="checkbox"/> Yes _____    |
| Whooping Cough <input type="checkbox"/> Yes _____   | Stomach Disorders <input type="checkbox"/> Yes _____ | Epilepsy <input type="checkbox"/> Yes _____         |
| Asthma/Hay Fever <input type="checkbox"/> Yes _____ | HIV <input type="checkbox"/> Yes _____               | Fainting <input type="checkbox"/> Yes _____         |
| Diabetes <input type="checkbox"/> Yes _____         | ADD <input type="checkbox"/> Yes _____               | Heart Disease <input type="checkbox"/> Yes _____    |
| Mononucleosis <input type="checkbox"/> Yes _____    | Depression <input type="checkbox"/> Yes _____        | Hepatitis <input type="checkbox"/> Yes _____        |
| Pneumonia <input type="checkbox"/> Yes _____        | German Measles <input type="checkbox"/> Yes _____    | Hernia <input type="checkbox"/> Yes _____           |
| Scarlet Fever <input type="checkbox"/> Yes _____    | Mumps <input type="checkbox"/> Yes _____             | Tuberculosis <input type="checkbox"/> Yes _____     |
| Sinusitis <input type="checkbox"/> Yes _____        | Anemia <input type="checkbox"/> Yes _____            | Venereal Disease <input type="checkbox"/> Yes _____ |
| Tonsillitis <input type="checkbox"/> Yes _____      | Concussion <input type="checkbox"/> Yes _____        | Meningitis <input type="checkbox"/> Yes _____       |

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

### EVERT TENNIS ACADEMY 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 Evert Tennis Academy 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 ETA.

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 ETA.

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

Parent Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



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## Student Health Form

Florida State Law requires that all students attending the Evert Tennis Academy have a physical exam prior to attendance. This physical exam can be no more than 1 YEAR OLD.

**PLEASE HAVE YOUR PHYSICIAN COMPLETE THIS FORM**

Parent or Guardian Name: \_\_\_\_\_

IF PARENT WILL BE TRAVELING WHILE THE STUDENT IS ATTENDING ETA, PLEASE COMPLETE:

Travel location: \_\_\_\_\_ Telephone number \_\_\_\_\_  
(Please include Country and City Codes)

Student's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Age: \_\_\_\_\_ General appearance: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Male / Female (circle one)

**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:                                    | Yes                      | No                       |   | Yes                      | No                       |
| 1. Had any recent injury, illness or infectious disease? | <input type="checkbox"/> | <input type="checkbox"/> | 16. Ever had back problems?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have a chronic or recurring illness/condition?        | <input type="checkbox"/> | <input type="checkbox"/> | 17. Ever had problems with joints (e.g. knees , ankles)?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ever been hospitalized?                               | <input type="checkbox"/> | <input type="checkbox"/> | 18. Have an orthodontic appliance being brought to academy?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ever had surgery?                                     | <input type="checkbox"/> | <input type="checkbox"/> | 19. Have any skin problem (e.g. itching, rash, acne)?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have frequent headaches?                              | <input type="checkbox"/> | <input type="checkbox"/> | 20. Have diabetes?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ever had a head injury?                               | <input type="checkbox"/> | <input type="checkbox"/> | 21. Have asthma?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Even been knocked unconscious ?                       | <input type="checkbox"/> | <input type="checkbox"/> | 22. Had mononucleosis in the past 12 months?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Wear glasses, contacts or protective eye wear?        | <input type="checkbox"/> | <input type="checkbox"/> | 23. Had problems with diarrhea/constipation?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Ever had frequent ear infections?                     | <input type="checkbox"/> | <input type="checkbox"/> | 24. Have problems with sleepwalking?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Ever passed out during or after exercise?            | <input type="checkbox"/> | <input type="checkbox"/> | 25. If female, have any abnormal menstrual history?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Ever been dizzy during or after exercise?            | <input type="checkbox"/> | <input type="checkbox"/> | 26. Ever had an eating disorder?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Ever had seizures?                                   | <input type="checkbox"/> | <input type="checkbox"/> | 27. Ever had emotional difficulties for which professional help was sought? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Ever had chest pain during or after exercise?        | <input type="checkbox"/> | <input type="checkbox"/> | 28. Ever tested positive for HIV or AIDS?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Ever had high blood pressure?                        | <input type="checkbox"/> | <input type="checkbox"/> | 29. Ever taken illegal drugs of any kind, even once?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Ever been diagnosed with a heart murmur?             | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |

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

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



## Student Health Form

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 nonprescription drugs) taken routinely. Bring enough medication to last the entire time to complete physicians prescription. Keep it in the original packaging/bottle that identifies 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



EVERT TENNIS ACADEMY  
10334 DIEGO DRIVE SOUTH  
BOCA RATON, FLORIDA 33428  
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**EVERT TENNIS ACADEMY  
MINOR CHILD INDEMNIFICATION PROVISION**

Student's Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_                      Local Phone # \_\_\_\_\_

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.

As parent and/or legal guardian of the minor child listed above, I have read the governing Documents and the Rules and Regulations of Mission Bay Community Association and understand that disregard for same may result in termination of privileges.

_____ SIGNATURE	/	_____ DATE
_____ SIGNATURE OF PARENT OR GUARDIAN	/	_____ DATE

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I HEREBY CERTIFY the foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. They are personally known to me or have produced \_\_\_\_\_ as identification, # \_\_\_\_\_.

NOTARY STAMP

\_\_\_\_\_  
NOTARY PUBLIC



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## ACTIVITY PERMISSION FORM (Boarders only)

Dear Parents/Guardians:

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 Evert Tennis Academy 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

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 Evert Tennis Academy.

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.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



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**(Boarders only)**

Participant's Name: \_\_\_\_\_

Please specify name of adults (over 21 years of age) who you authorize to "sign out" your child from the Evert Tennis Academy:

(Please specify any restrictions)

(1) Full Legal Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Please indicate:  Overnight  Dinner  School Night  Other Activity (specify): \_\_\_\_\_

Restrictions/Comments: \_\_\_\_\_

(2) Full Legal Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Please indicate:  Overnight  Dinner  School Night  Other Activity (specify): \_\_\_\_\_

Restrictions/Comments: \_\_\_\_\_

(3) Full Legal Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Please indicate:  Overnight  Dinner  School Night  Other Activity (specify): \_\_\_\_\_

Restrictions/Comments: \_\_\_\_\_

(4) Full Legal Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Please indicate:  Overnight  Dinner  School Night  Other Activity (specify): \_\_\_\_\_

Restrictions/Comments: \_\_\_\_\_

(5) Full Legal Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Please indicate:  Overnight  Dinner  School Night  Other Activity (specify): \_\_\_\_\_

Restrictions/Comments: \_\_\_\_\_

(6) Full Legal Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Please indicate:  Overnight  Dinner  School Night  Other Activity (specify): \_\_\_\_\_

Restrictions/Comments: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



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

• 2 sets of twin sheets (2 fitted, 2 flat)	• Appropriate school dress clothes
• 2 pillow cases	• Hangers
• 6 bath towels	• Toiletry bags and toiletries
• 4 hand towels (for bath and sports)	• Sun screen
• 1 pillow	• Hats / Visors
• 1 blanket	• Padlock
• Alarm clock	• Sun Glasses
• Sports watch	• Swimming suit and beach towel
• Water jug	• Band aids
• 2 laundry bags	• Light jacket
• Running/Training shoes	• Causal dress for extracurricular activities

### SPORT-SPECIFIC

• 10 -12 Pairs of socks	• Warm-up (2)
• 10 -12 T-shirts	• Collared shirts for tournaments
• At least 2 pairs of sneakers	• Notebook and pen
• Running Shoes	• Jump rope
• Minimum 2 racquets and a bag	• String/Grips

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

## INTERNATIONAL WIRE PAYMENT INSTRUCTIONS

For wire transfer information please contact our business manager Doug Dressel at [ddressel@imgworld.com](mailto:ddressel@imgworld.com)

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

- 1) Full-Time Participants: When sending payments by wire, please specify your deposit breakdowns in tuition and personal spending account.
- 2) Processing fees incurred during the transfer of monies as they clear through all banking channels are paid by the sender.
- 3) The amount of the credit to your account by Evert Tennis Academy is the exact dollar amount received from the bank.



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## Club Rules and Regulations

\*Additional restrictions may be found in the Declaration of Protective Covenants and Restrictions for Mission Bay Community Assoc., Inc.

### I) GENERAL (All facilities @ 10555 Diego Drive South – Club):

1. User must have a valid membership card and/or guest pass to use the facilities.
2. No card, no entry, no exceptions.
3. The minimum age requirement for use of Aerobic and Gym Facilities – is 15 years old. Children of ages 13 minimum and 14 may use the gym and attend fitness classes only if accompanied by a parent or other adult 18 years of age or older. Special classes, activities, and events (i.e. children classes) may be offered from time to time, which may allow different age restrictions and conditions. Resident children – 15 years of age, are eligible to use the Fitness Facility with Owner/Occupant Affidavit signed by parent or legal guardian. Resident children – 13 & 14 years of age, are eligible to use the pool unaccompanied by an adult, upon Owner/Occupant Affidavit signed by parent or legal guardian. Mission Bay Community Association, Inc. must have Owner/Occupant Affidavit on file in order to issue access cards to minor children.
4. Profanity and rude behavior will not be tolerated.
5. Any violation of the rules will terminate user privileges.
6. The Association may impose a fine on a user for failure of a user, his family members, guests, invitees, tenants and licensees to comply with any of the rules stated. Fines may not exceed a maximum of one hundred (\$100.00) dollars per violation. Fines shall be considered a special assessment against the user's property, as defined in the "Declaration of Protective Covenants, Conditions and Restrictions for Mission Bay."
7. Members who are not current with their maintenance assessments will be precluded from using the Club Facilities.

### II) GUEST PASS POLICY:

1. No local guest usage in the Fitness Facility and Aquatic Classes.
2. Resident must make arrangements to come into the office to be issued houseguest passes. The weight room will also issue local pool guest passes
3. Each guest age 5 and over, must have valid guest pass.
4. RED color signifies a 1-day local pool guest - a maximum of eight (8) RED passes per month are available per household, at no charge. After the allotted passes are used each month, a fee of \$7.00 is charged for each guest pass, not to exceed 8 per month.
5. BLUE color signifies out-of-area guests who are residing at a MBCA residence. Guest passes will be issued to a specific individual who must present photo identification. Any houseguest in residence beyond twenty-one (21) days must obtain a permanent access card in advance, at a charge of \$25.00.
6. Guests may be restricted in use of the facilities during peak hours of operation as determined by the MBCA staff member on duty.
7. Upon residence sale any prior guest passes issued are null & void.
8. Sponsoring MBCA member is responsible for actions and damages which may result from guest usage. As per the Declaration of Protective Covenants for MBCA 3.04 (t), Additional Provisions for the Preservation of the Values and Amenities of Mission Bay...as recorded in Palm Beach County.
9. MBCA Residents who willfully violate the guest pass policy may have their user privileges terminated and/or incur fines.
10. A holder of a guest pass must be prepared to present photo identification, upon request.

### III) FITNESS ROOM:

#### A. Hours of Operation:

Monday-Thursday	6:00 a.m. - 9:00 p.m.
Friday	6:00 a.m. - 8:00 p.m.
Saturday & Sunday	7:30 a.m. - 6:00 p.m.
Closed Thanksgiving, Christmas and New Years Day	
Other Holidays	6:00 a.m. – Noon



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## **B. General Rules:**

1. Membership cards and houseguest passes must be presented to the Fitness Room attendant on duty.
2. Everyone must sign in.
3. No smoking is allowed inside buildings.
4. Proper attire, including the wearing of shirts at all times, required in the weight and aerobics room. Athletic shoes only (no blue jeans or bathing suits)
5. No food or beverages – water bottles are allowed, but must be contained and kept off the aerobics room floor at all times.
6. Gym bags must be put in lockers or checked at the desk. No gym bags are allowed on the weight room floor. Please temporarily store items in shelves located in the gym.
7. Children under 15 are not permitted in the gym; children of ages 13 and 14 may use the fitness facility only if accompanied by a parent or other adult (18 years or older).
8. The fitness room attendant has the authority to remove anyone if they are distracting others, including rude behavior and use of profanity, or are unfit for the particular activity/exercise.
9. Use of towel is mandatory in both the fitness and aerobic rooms
10. Turn cell phones off while utilizing the Fitness Facility.

## **C. Aerobics Room: see class schedule for specific hours of offering.**

## **IV) POOL AREA:**

### **A. Hours of operation:**

Dawn to Dusk

### **B. Pool Rules:**

1. Membership cards and guest passes must be presented to the pool staff (when on duty) upon entering the pool area or as requested by pool staff.
2. No smoking in the pool or on the pool deck area.
3. No diving.
4. No food or beverages in pool area.
5. No animals in the pool area.
6. No running or jumping.
7. No regular baby diapers are to be used in the pools. Swim Plastic Pull Ups only.
8. People with high blood pressure, on medication, or pregnant should not use the Hot Tub, Sauna, or Steam Room.
9. Use of floats, toys, etc., will be monitored and may be restricted by the lifeguard and/or other pool staff.
10. Children under the age of 15 years old are NOT permitted in the jacuzzi / hot tub or surrounding area.
11. No standing on the Pool Island where the fountains are located in the large pool at anytime.
12. Proper Pool Attire appropriate for a family community is required. (e.g. No denim cut-offs.)

## **V) GAZEBO AND DECK AREA**

1. Gazebo and Pool Area are common areas that are open and available to all Residents on a first-come, first-served basis.
2. Every person utilizing the Gazebo/Deck area must have a valid Access Card or Guest Pass.
3. Food and Drinks must be consumed in the Gazebo/Deck area. Absolutely no food or drink in the pool, jacuzzi and wading pool areas.
4. All foodstuffs should be wiped clean from tables and chairs. All litter must be removed from the Gazebo/Deck areas. Excessive trash must be bagged and disposed of in the dumpster located in the MBCA parking lot.
5. Please leave furniture in original positions.
6. No Smoking in Gazebo. Smoking only permitted on outdoor deck areas

