

# 2011/2012 APPLICATION FOR FULL-TIME BOARDING PROGRAM



Today's Date: \_\_\_\_\_

Dates applying for \_\_\_\_\_ through \_\_\_\_\_

## APPLICANT INFORMATION

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

DOB: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  Boarding  Non-Boarding  
Month/Day/Year

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

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

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

City Codes)

Father's Name: \_\_\_\_\_ Daytime Phone #: ( ) \_\_\_\_\_

Cell #: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Daytime Phone #: ( ) \_\_\_\_\_

Cell #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

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

Alternative Person to Contact in an Emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

## **GENERAL INFORMATION**

---

### **Office Hours**

Monday, Wednesday, Friday from 9:00 a.m. to 5:00 p.m.

Phone number (210) 670-7874.

Tennis pros can be reached by calling the office phone number and leaving a message. Messages will only be returned by the coaches after 4:30 Monday through Friday. Please do not call pros on their cell phones.

### **Accommodations**

Boarding students are housed in our on-site dormitory. Each dormitory room can accommodate 2-4 students with a private bathroom for girls and boys. The dormitory offers a common living room, cafeteria and a laundry room.

### **Laundry and Linens**

Self-service laundry facility is available in our laundry room. There is no charge to use the washers or dryers and supplies are available in the laundry room. Each student is required to bring twin sized flat and fitted sheets, pillowcase and towels. All items brought to Roddick Total Tennis should be marked with an indelible pen.

### **Pro Shop**

Roddick Lavalle Tennis Academy does not have an on-site proshop, but will provide transportation as needed to First Serve Tennis.

### **Additional Activities**

All additional activities are supervised and may include trips to the mall, theaters and theme parks. The cost of these activities is in addition to the camp fee. The fees for additional activities are deducted from the student's personal account, or paid by cash prior to departure.

### **Insurance**

The Academy fee does not include any provisions for personal, medical or property insurance. It is mandatory that each student provide proof of health insurance. The Consent for Treatment and Insurance Information forms are mandatory and must be received by the Roddick Lavalle Tennis Academy prior to the participation in any tennis program.

### **Mail**

Personal mail and packages may be sent to students at the following address:

(Student's Name)  
c/o Roddick Lavalle Academy  
12615 Judson Road  
San Antonio, TX 78233

### **Fax**

Students can receive faxes at the following number: (210) 670-7901.

### **Wiring Instructions**

For wire transfer information, please contact our office.

#### **Please be sure that the student's name is on the wire!**

- When sending payments by wire, please specify the breakdown between tuition payments and personal spending account funds.
- 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 the Roddick Lavalley Tennis Academy is the exact dollar amount received from the bank.

#### **IMPORTANT NOTICE TO PARENTS:**

All enclosures must be filled out completely and returned to Roddick Lavalley Tennis Academy prior to arrival. **NO STUDENT WILL BE ALLOWED TO PARTICIPATE IN ANY PART OF A TENNIS PROGRAM IF ALL FORMS ARE NOT COMPLETED. THERE WILL BE NO CREDIT OR REFUND GIVEN FOR THE AMOUNT OF TIME MISSED FOR INCOMPLETED FORMS.**

### **Spending Money**

A personal account may be opened for each student with cash, check or a credit card payment. Based on past history, an amount of \$50-\$100 per week is adequate for personal spending. Additional money may be deposited at any time. The Roddick Lavalley Tennis Academy is not responsible for any money that is not deposited in a student's personal account. Prior to departure, student may withdraw all money remaining in the account.

# TUITION/ENROLLMENT AGREEMENT

---

---

In consideration of the tuition being paid by August 15, 2011 in the amount of \$\_\_\_\_\_ Roddick Lavalley Tennis Academy has reserved a place for:  
NAME OF THE PARTICIPANT: \_\_\_\_\_ in the:

Boarding     Non-Boarding     Afternoon Only     All Day Program     Other  
Program for a period of:  
 One School Year                       One Semester (4 ½ months)                       Other \_\_\_\_\_

A copy of this Tuition/Enrollment Agreement must be signed by the Participant and his/her parents or guardians and return to Roddick Lavalley Tennis Academy.

## **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 is due August 15, 2011.  
 PAYMENT PLAN 2: 50% of full tuition due August 15, 2011. The balance is due on December 1, 2011.

**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 needs to be placed in an account and will be available to cover Participant expenses including, but not limited to, the following fee areas: First Serve Tennis purchases, private lessons, pocket money, tournament 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 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.

## **SECURITY DEPOSIT:**

BOARDING PARTICIPANTS ONLY. \$500 U.S. dollars 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 Roddick Lavalley Tennis Academy 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 Roddick Lavalley Tennis Academy against the credit card number written below. This deposit will be held until after your departure from Roddick Total Tennis. 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 outlined above is non-negotiable and unconditional and that no portion of these monies, whether paid or owing to Roddick Lavalle Tennis Academy, will be refunded to you or canceled/forgiven for any reason. Also, Participant and Parents/Guardians acknowledge that when your account is past due for 30 or more days, you will be charged an addition 5% of the remaining balance. There is no refund of monies for any period of time when Participant is away from Roddick Lavalle Tennis Academy regardless of the reason or circumstances, including vacations and tournaments. During the Roddick Lavalle Tennis Academy 2-week vacation at Christmas and 1-week vacation in spring, Participant is responsible for removing all belongings from Roddick Lavalle Tennis Academy on-campus housing. If you are dismissed from Roddick Lavalle Tennis Academy for disciplinary or other reasons, or are suspended and required to return home for a period of time, Participant’s tuition 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 the two programs.

**A credit card number is required to cover balances due on any Roddick Lavalle Tennis Academy 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    Discover

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

Expiration Date: \_\_\_\_\_ Security Number: \_\_\_\_\_

Mailing Address where bill is sent: \_\_\_\_\_

\_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

Printed Name of Card Holder: \_\_\_\_\_

# TUITION/ENROLLMENT AGREEMENT (Continued)

---

While Roddick Lavallo Tennis Academy requires full payment and all other fees for the entire enrollment period, it is the policy of Roddick Lavallo Tennis Academy 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 Roddick Lavallo Tennis Academy. 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 rated 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 Director 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 and will be done within sixty days after written notice has been received confirming that the Participant will not be returning to Roddick Lavallo Tennis Academy.

**CANCELLATION POLICY:**

Roddick Lavallo Tennis Academy agrees that enrollment agreement may be canceled without penalty if written notification is received by the Director 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 Parent/Guardian remain obligated for the full tuition.

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: \_\_\_\_\_

# MEDICAL, SEARCH AND RECREATIONAL RELEASE

---

---

I, the parent or guardian of \_\_\_\_\_ by initialing the following items, acknowledge my consent and agreement that Roddick Lavalley Tennis Academy is authorized to administer or consent on my behalf to the administration of emergency medical care to my child, and I certify that my child is fit and able to engage in rigorous physical training; to enter and to search my child's room and belongings for the presence of any contraband or dangerous instrument; to allow participation in and to transport my child out of Roddick Lavalley Tennis Academy for recreational activities including but not limited to amusement parks, theaters, shopping centers, sporting attractions, tournaments, etc. My signature below indicates that on behalf of myself, my spouse, and my minor child, I acknowledge and agree that:

- a. My child's participation in rigorous, physical training, and transportation to and participation in recreational activities can be dangerous and involve the risk of serious bodily injury;
- b. I assume FULL RESPONSIBILITY FOR ALL SUCH RISK of my child's engaging in these activities, Roddick Lavalley Tennis and its agents shall not be liable for any lawsuits, claims or damages arising from any of these actions or activities REGARDLESS OF FAULT OR NEGLIGENCE of Roddick Lavalley Tennis Academy;
- c. I will defend, indemnify, and hold harmless Roddick Lavalley Tennis Academy, including attorney's fees, from any lawsuits, claims or damages arising in connection with my child's actions or activities on or off of the Roddick Lavalley Tennis Academy premises; REGARDLESS OF ANY FAULT OF Roddick Lavalley Tennis Academy, or arising in connection with enforcement of the provisions of this agreement.

In signing this release, as parent or guardian, I acknowledge that I am consenting to Participant's participation in a tennis program at Roddick Lavalley Tennis Academy 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

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

---

- |                                            |                                               |
|--------------------------------------------|-----------------------------------------------|
| ◆ 2 sets of twin sheets (2 fitted, 2 flat) | ◆ Toiletry bags and toiletries                |
| ◆ 2 pillow cases                           | ◆ Sunscreen                                   |
| ◆ 6 bath towels                            | ◆ Hats/Visors                                 |
| ◆ 4 hand towels (for bath and sports)      | ◆ Sunglasses                                  |
| ◆ 1 pillow                                 | ◆ Swimming suit and beach towel               |
| ◆ 1 blanket                                | ◆ Band-Aids                                   |
| ◆ Alarm clock                              | ◆ Light jacket                                |
| ◆ Sports watch                             | ◆ Casual dress for extracurricular activities |
| ◆ Water jug                                |                                               |
| ◆ 2 laundry bags                           |                                               |
| ◆ Running/training shoes                   |                                               |

### **SPORT-SPECIFIC**

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| ◆ 10-12 Pairs of socks             | ◆ Warm-up (2)                     |
| ◆ 10-12 T-shirts                   | ◆ Collared shirts for tournaments |
| ◆ At least 2 pairs of tennis shoes | ◆ Notebook and pen                |
| ◆ Running Shoes                    | ◆ Strong/Grips                    |
| ◆ Minimum 2 racquets and a bag     |                                   |

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

# Consent for Treatment

---

---

## **NO STUDENT WILL BE ALLOWED TO REGISTER WITHOUT THE CONSENT FOR TREATMENT FORM BEING FULLY COMPLETED AND SIGNED.**

**This is to certify that the administrative staff of the Roddick Lavalle Tennis Academy is being given authority by me**

\_\_\_\_\_ of \_\_\_\_\_  
(Name of Parent or Guardian) (Name of Child)

to act on my behalf for any medical care, treatment (including immunizations), and prescriptions reasonably necessary or medically advisable to maintain the life, health, and well-being of my child. This includes, but is not limited to, first aid, prevention and care of injuries, 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 completion of: (1) legal authorization for treatment; (2) consultations; (3) emergency examinations; (4) consent for hospitalization; (5) anesthesia; (6) dental care; and (7) treatment or surgery that may be deemed necessary by appropriate medical personnel.

Child's Name: \_\_\_\_\_

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

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

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

Fax Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Please include Country and City Codes)

Parent's Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

# Insurance Information

---

---

\*Note: In most instances, medical fees will be charged to your credit card

Insurance Company: \_\_\_\_\_ Group or Policy #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

---

## **Personal Medical Information**

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

---

---

If child is currently on medication, please list details: \_\_\_\_\_

---

---

## **Credit Card Information**

I hereby authorize the use of my credit card without prior approval to cover medical expenses.

Visa    MasterCard    American Express    Diner's Club    Discover

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

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

# CONSENT FOR MEDICATION

## Boarding Students

---

STUDENT: \_\_\_\_\_

This form is required for all boarding students, even if they are not currently taking Medication

Parents and students are required to provide the Roddick Lavalle Tennis Academy with a list of all medications that are currently used by the student. This information should be provided in the spaces below. In accordance with Roddick Lavalle Tennis Academy policy, students may self-administer the following medication with parental/guardian permission. Roddick Lavalle Tennis Academy reserves the right to revoke a student's right to self-administer medication when, in the judgment of Roddick Lavalle Tennis Academy staff, the student has demonstrated an inability to self-medicate safely.

- LEVEL 1 Vitamins, topical creams and cleansers, eye drops, inhalers, nasal sprays, oral contraceptives, epi-pens, and over the counter (OTC) medications except those listed in Level 2.
- LEVEL 2 All prescription medications except those listed in Level 1 and 3. All over the counter cough/cold remedies with sleep aids including Benedryl. Antibiotics for acne.
- LEVEL 3 Controlled substance medications including those for ADD/ADHD, Anticonvulsants, Antidepressants, Antipsychotics, Narcotics and Accutane. Antibiotics for acute illness, and anti-diabetic medications and supplies.

List all medications and their dosages (including OTC's and supplements that your student is taking):

MEDICATION	DOSAGE	INSTRUCTIONS

**Medication Consent for Self Administration:**

- Would you like your student to be able to store and self-administer Type 1 medications?     Yes     No
- Would you like your student to be able to store and self-administer Type 2 medications?     Yes     No

**Dispensing of Type 3 Medications:**

In the event my student takes an off campus trip, I give consent to Roddick Lavalle Tennis Academy to dispense my student's prescribed medications to them for self-administration.     Yes     No

**Failure to adhere to this policy is a violation of a major Roddick Lavalle Tennis Academy expectation and may result in disciplinary action for your child.**

Students taking prescription medications will be required to have a written prescription from his/her physician. Medications will only be allowed in their original prescription bottles. For those student's whose parent's mail their medications, the parent's will be required to send these medications on a timely basis so as not to disrupt the student's medication schedule. Parents must be diligent as to when these medications will run out and need to be refilled.

I understand that by granting this consent, my son/daughter will be solely responsible for taking the above medication and that Roddick Lavalle Tennis Academy shall have no liability whatsoever relating to the use or nonuse of the medication. I further agree that my son/daughter will store the medication in a physically secure manner while at Roddick Lavalle Tennis Academy and will not share the medication with any other person. I understand that at any time, I may request that the staff oversee the

administration of this medication to my son/daughter. I understand the Roddick Lavallo Tennis Academy can revoke my son/daughter's right to self-administer medication when, in the judgment of the staff, my son/daughter has demonstrated an inability to self-medicate safely.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

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

I understand that I will be solely responsible for taking the above medication and that Roddick Lavallo Tennis Academy shall have no liability whatsoever relating to my use or nonuse of the medication. I further agree that I will store the medication in a physically secure manner while at Roddick Lavallo Tennis Academy and will not share the medication with any other person. I understand that Roddick Lavallo Tennis Academy can revoke my right to self-administer medications when, in the judgment of the staff, I have demonstrated an inability to self-medicate safely.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

# 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., skateboard, basketball games, swimming) for which we will have no responsibility.

I give my child permission to participate in all athletic activities offered at the Roddick Lavalley Tennis Academy campus and in off-campus outings to tournaments, theme parts, movie theaters, and other entertainment venues:

Yes       No      Please list exceptions:

---

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 staff of the Academy to the academic school he/she is attending while enrolled at Roddick Lavalley Tennis Academy.

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. 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: \_\_\_\_\_

**Please return completed application by fax to 210-670-7901 or by mail to:**

**Roddick Lavalley Academy  
12615 Judson Rd.  
San Antonio, TX 78233**