

2011/2012 APPLICATION FOR FULL-TIME NON-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 #: _____

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 Lavalle 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 Lavalle 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.

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 Lavalley Tennis Academy 2-week vacation at Christmas and 1-week vacation in spring, Participant is responsible for removing all belongings from Roddick Lavalley Tennis Academy on-campus housing. If you are dismissed from Roddick Lavalley 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 Lavalley 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 Lavalley Tennis Academy requires full payment and all other fees for the entire enrollment period, it is the policy of Roddick Lavalley 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 Lavalley 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 Lavalley Tennis Academy.

CANCELLATION POLICY:

Roddick Lavalley 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

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

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

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**