

**North Miami Beach Academy**  
**Short Time Academy (Weekly Basis) Registration Form and Waiver**

Florida Resident?	YES <input type="radio"/>	NO <input type="radio"/>	Today's Date:	How did you hear about us?
Athlete's Name :		Date of Birth:		
Parent/Guardian Name				
E-mail Address:		Cell Number:		
<b>Permanent Address:</b>				
Food Allergies & Current Medications:				
Please State Medical Conditions:				
Physician/Pediatrician Name & Tel:				
Medical Insurance Co. Name & Policy #:				
Emergency Name/Contact Tel:		Relationship to Athlete:		
Emergency Name/Contact Tel		Relationship to Athlete:		

**Full payment is required at the time of registration.** I understand that this enrollment is non-refundable, in full or in part, and is not transferrable to another person. Participants will be issued a credit for unused days. This credit may be used towards any NMBA Junior Program, excluding Academics and Private Lessons and will be redeemable for the period of 12 months after issue.

Tennis Academy **Half day** Arrival Date\_\_\_\_\_ Departure Date\_\_\_\_\_

**OR**

Tennis Academy **Full day** Arrival Date\_\_\_\_\_ Departure Date\_\_\_\_\_

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

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**Credit Card Authorization Form**

Please check credit card type:  Visa  Master Card  American Express

Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ (mm/yy)

CVV Code: \_\_\_\_\_

Exact Name as it appears on Card: \_\_\_\_\_

Description of Services and Agreed Amount to be charged (please select)

Winter Camp Half Day Weekly \_\_\_\_\_

Winter Camp Full Day Weekly \_\_\_\_\_

Winter Camp Daily Drop in-Half Day Session \_\_\_\_\_

Winter Camp Daily Drop-in Full Day Session \_\_\_\_\_

I authorize North Miami Beach Academy to charge my card for all expenses relating to my Child's attendance at North Miami Beach Academy including Academy Fees, Private Lessons and Incidentals such as drinks, racquet stringing etc.

**Cardholder Signature:** \_\_\_\_\_

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

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**WAIVER**

TO PARENTS OR GUARDIANS OF MINOR ~ WAIVER OF LIABILITY AND DISCLAIMER: In consideration of my son's/daughter's membership and participation in the activities and special programs or events of the North Miami Beach Academy LLC and/or Bollettieri Experience LLC as parent or guardian of named minor, my heirs, executors, assigns, and administrators waive, release and discharge any and all rights and claims of damages against the North Miami Beach Academy LLC and/or Bollettieri Experience LCC and or its sponsors for all claims arising or resulting from traveling, participation and/or being involved in the program or activities. I attest and verify that I have full knowledge of the risks involved in said participation and that I will on behalf of the said child assume and pay any medical or emergency expenses in the event of accident, illness or other incapacity regardless of whether I have authorized such expenses. I attest that my son/daughter is physically fit and sufficiently able to participate in the programs or activities of in conjunction with other youth members.

ACKNOWLEDGMENT AND CONSENT the North Miami Beach Academy LLC and/or Bollettieri Experience LLC: For internal and external use, I acknowledge that the North Miami Beach Academy LLC and/or

Bollettieri Experience LLC and or its sponsors may utilize photographs and or videos of the participant, which may be taken during involvement in the North Miami Beach Academy LLC and/or Bollettieri Experience LLC programs or activities. I consent to such uses & hereby waive all rights to compensation.

EMERGENCY AUTHORIZATION: I, the under signed (or as parent or guardian of the participant, a minor), hereby authorize the staff of the North Miami Beach Academy LLC and/or Bollettieri Experience LLC or its sponsors and/or volunteers, coaches, trainers, activity supervisors, instructors and vehicle driver as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital or by licensed medical personnel. The North Miami Beach Academy LLC and/or Bollettieri Experience LLC staff will NOT medicate children. Parents/ guardians are ENTIRELY responsible for medications and for personally arranging for or ensuring the proper and timely medication of their children.

PHOTOGRAPH/VIDEO RELEASE: I give permission for my child listed above to be photographed or videotaped while at the North Miami Beach Academy LLC and/or Bollettieri Experience LLC

**North Miami Beach Academy 16851 Dixie Hwy. North Miami Beach, FL 33160**

**Tel: (305) 919-0839**

**Email: [frontdesk@nmbacademy.com](mailto:frontdesk@nmbacademy.com)**

**[www.northmiamibeachacademy.com](http://www.northmiamibeachacademy.com)**

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understand that the staff will use discretion and judgment in allowing any photographs or video to be taken and that images of my child may appear in or on brochures, advertisements of the North Miami Beach Academy

LLC and/or Bollettieri Experience LLC, the Academy's website or social media pages. I consent to such uses and hereby waive all rights to compensation.

**FOOD WAIVER:** In the case of our daily lunch program, food preparation carries with it inherit risks that include but are not limited to health hazards resulting from improper transport, handling and storage. I hereby release the North Miami Beach Academy LLC and/or Bollettieri Experience LLC, all departments and representatives associated therein, from any and all liability related to the contents, preparation, and presentation of food prepared or purchased for the North Miami Beach Academy LLC and/or Bollettieri Experience LLC lunch program.

**NOTE:** Your signature acknowledges that you have read and accept the policies of the North Miami Beach Academy LLC and/or Bollettieri Experience LLC as described above.

**THIS REGISTRATION WILL NOT BE ACCEPTED UNLESS SIGNED BY PARENT/GUARDIAN.**  
I agree to abide by the rules and regulations of the North Miami Beach Academy LLC and/or Bollettieri Experience LLC.

I accept full responsibility for my child's use of any and all apparatus, appliances, facility privilege or service whatsoever, owned and operated by this Academy at my child's risk and shall hold this Academy, its shareholders, directors, officers, employees, representatives, and agents harmless from any and all loss, claim, injury, damage sustained or incurred by child resulting therefrom.

I understand that all rules and regulations relating to COVID-19 must be followed by the participant and their family members/guardians. Failure to follow COVID-19 social distancing rules as posted or instructed by Academy Staff may result in the participant to be excluded from the Summer Camp Program.

**Participant Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

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