

2011-2012

GENERAL  
**INFORMATION**



## 2010-2011 HIGHLIGHTS

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As a world leader in sport, education and performance training, we at IMG Academies are always looking to improve and evolve to stay on the cutting edge of the industry, as well as providing a superior experience for all who come here. To do so, we continue to strive to perfect our program offerings, utilize world-class facilities and provide a life-changing experience. Here are some new projects, highlights and top performances from the past year:

### **IMG Academies:**

- Successfully launched the IMG Madden Football Academy and IMG Lacrosse Academy
- Began construction on a 10-year campus expansion and upgrade plan that will include a new student village and student center, new IMG Performance Institute headquarters, new IMG Pendleton School buildings and new dorms
- Began construction for the on-campus Gatorade Sport Science Institute – only the second such testing facility in the world
- India's top young athletes in basketball, soccer and tennis began training at the Academy as part of agreement with IMG Reliance to develop the nation's youth sport infrastructure
- Added 5 baseball/softball fields and two multi-purpose fields, with property purchased to add additional facilities
- Opened a multi-sport recreation court for students
- Integrated Performance Electives into school-year program to support THE TOTAL ATHLETE development methodology
- Upgraded student housing, IPI locker rooms and clubhouse café

### **IMG Pendleton School:**

- Opened a new elementary school building and began construction on middle and high school expansion
- Expanded course offerings, including additional AP courses, and Student Ambassador program
- Hosted college and university Admissions Office representatives from more than 100 schools

### **IMG Bollettieri Tennis Academy:**

- IMG student Ryan Harrison, 18, put the world on notice with a 1st-round US Open win against No. 15 seed Ivan Ljubicic
- IMG student Mariya Shishkina, 12, won the prestigious Easter Bowl girls 14 title

### **IMG Leadbetter Golf Academy:**

- Four students earned AJGA first-team All-American status, with one other earning a spot on the Scholastic All-American Team
- Students Doris Chen and Ginger Howard earned spots on the U.S. Junior Ryder Cup team, which defeated the Europe team

### **IMG Madden Football Academy:**

- Launched under the guidance of legendary coach/announcer John Madden, and directed by Heisman Trophy winner Chris Weinke.
- After successful series of camps and launch of the IMG High School All-Madden Team, plans initiated to start junior varsity team in January 2012 to commence spring practices and begin competition in fall 2012

### **IMG Baseball Academy:**

- Varsity team won the Hall of Fame Classic, finished 2nd in the Steve Georgiadis Memorial Tournament and placed 4th in the California Hard 9 Classic to finish with a 19-6 record
- Added additional full-size field (now have three total), multiple training fields (four total), industry's top pitching simulation machine, covered batting cage and other facility upgrades

### **IMG Basketball Academy:**

- After a competitive nationwide search, chose Andy Borman, former Duke University player and nephew of Coach Mike Krzyzewski, as the sport director
- Helped develop three of the nation's most coveted recruits in DeAndre Daniels, Phil Greene and Jamari Traylor

### **IMG Lacrosse Academy:**

- First year of camps featured a star-studded roster of guest coaches/players, including Paul Rabil, Max Seibald, Mike Pressler and others
- Became the official camp of the Boston Blazers of the National Lacrosse League

### **IMG Soccer Academy:**

- Opened new soccer facility that includes 13 new fields, match strategy room and locker rooms
- NCAA men's championship team, Akron, features six IMG alums, and the MLS SuperDraft features three alums selected, including the No. 4 and No. 7 picks

### **IMG Performance Institute:**

- Trained the No. 1 overall NFL Draft pick (Cam Newton), the MLB MVP (Joey Votto) and countless other NBA, NFL, MLB, NCAA, ATP, WTA, LPGA, and PGA athletes
  - Added world-renowned former Olympic coach Loren Seagrave as the Director of Speed and Movement
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## CHECK-IN WEEKEND SCHEDULE

The required check-in process for all student/athletes will begin at the IMG Basketball Academy gymnasium. You will be given a "check list" that will require you to meet representatives from several departments on campus, i.e., Admissions, Accounting, Performance Institute, Health Services, Athletic Trainers, Residential Mentors.

### When do I check in?

Check-in will take place inside the IMG Basketball Academy gymnasium.

Friday, August 26th, 2011 from 12:00-5:00pm

Saturday, August 27th, 2011 from 9:00am-5:00pm

Sunday, August 28th, 2011 from 9:00am-12:00pm\*

\*Reserved for late arrivals due to travels.

### When is the first day of the sports program?

The first day of the sports program for all student/athletes will be Monday, August 29th.

### All Student Athletes Attending St. Stephen's Episcopal School:

Your IMG Academies check in date is Sunday, August 22nd between the hours of 10:00 a.m. and 5:00 p.m.

Your sports program will begin on Monday, August 29th.

### Do you have Transportation needs?

For transportation needs, please call the Transportation Department directly at (941) 752-2472 or e-mail them at [transportation@imgworld.com](mailto:transportation@imgworld.com) with arrival information. All requests for transportation should be received 48 hours prior to arrival. There is a \$30 charge for pick up from the Sarasota/Bradenton Airport, and there is a \$110 charge for pick up at the Tampa or St. Petersburg airports. Additional fees apply for unaccompanied minors.

### Mandatory Welcome/Orientation for all Parents and Student-Athletes

Located in the Sports Performance Center (SPC)

Please attend one of the following sessions:

Friday, August 26th, 2011 at 2pm or 5:00pm

Saturday, August 27th, 2011 at 11am, 2pm or 5pm

Sunday, August 28th, 2011 at 11am

Sport-Specific Orientation Schedule			
<i>Please plan to attend your sport-specific orientation based on the chart below.</i>			
Sport	Location	Date & Time	Who Attends
Tennis	IMG Academies Golf & Country Club	Sunday, August 28th at 2:00-3:00pm	Parents and Student-Athletes
Golf	Golf Building Please choose one of the following orientation times.	Friday, August 26th at 2pm or 4pm	Parents and Student-Athletes
Golf		Saturday, August 27th at 2pm or 4pm	Parents and Student-Athletes
Golf		Sunday, August 28th at 2pm	Parents and Student-Athletes
Soccer	Soccer Complex	Sunday, August 28th at 12:30pm	Boys U14-U16 Parents Only
Soccer	Soccer Complex	Sunday, August 28th at 1:45pm	Boys U17-U19 Parents Only
Soccer	Soccer Complex	Sunday, August 28th at 4pm	All Girls Parents Only
Baseball	Sports Performance Center	Saturday, August 27th from 6:00-7:30pm	Parents Only
Basketball	Sports Performance Center	Sunday, August 28th from 12:00-1:30pm	Parents and Student-Athletes
Lacrosse	Lacrosse Building	Saturday, August 27th from 6:00-7:00pm	Parents and Student-Athletes
Football	Football Building	Sunday, August 28th from 1:00-2:00pm	Parents and Student-Athletes
Performance	Clubhouse Conference Room	Saturday, August 27th from 6:00-7:00pm	Parents and Student-Athletes

# WHAT TO BRING LIST

## LIST OF THINGS TO BRING FOR RESIDENCE LIFE/SCHOOL

- 2 Sets Extended Twin Size (84" Mattress) Sheets (2 Fitted, 2 Flat)\*
- 2 Pillow Cases\*
- 6 Bath Towels\*
- 4 Hand Towels (for bath and sports)\*
- 1 Blanket\*
- Alarm Clock
- Sports Watch
- Water Jug
- 2 Laundry Bags
- Running/Training Shoes
- Casual Dress for Extracurricular Activities
- Hangers
- Check School Dress Codes with School of your choice to assure that you bring adequate school clothing
- Toiletry Bag and Toiletries
- Sun Screen
- Hats/Visors
- Padlock
- Sun Glasses
- Swimming Suit/Beach Towel
- Light and Medium Weight Jacket
- Laptop Cable Lock
- One set Dress Clothes/Shoes
- **School supplies** (list provided upon arrival and supplies available either on-campus or transportation provided to local retailer)

**Note:** Players living in upgraded shared or private do not need to bring sheets or towels.

## SPORT SPECIFIC

### Golf

- Minimum 2 Pairs Golf Shoes
- Golf Clubs/Golf Balls/Collapsible Stand Bag for Walking on Course
- Collared Shirts
- Golf Gloves

### Soccer:

- Minimum 2 Pairs of Soccer Cleats
- Shin Guards
- 1 Pair Soccer Flats
- 1 Pair Running Shoes

### Football

- 2 pairs Cleats
- 2 Pair Running Shoes
- 1 Pair Cross Training Shoes
- Football Helmet
- Shoulder Pads
- Jockstrap
- Football pants with pads

### Baseball

- Cleats
- Sliding Shorts
- Socks
- Athletic Supporter & Protective Cup
- Baseball Glove
- 2 - 4 Wood Bats
- 2 Pairs Batting Gloves
- Turf/Cross Training Shoes

### IPI

- Jump Rope for Tennis Players
- Stretch Rope (10 - 12 Feet Long-can be purchased at Home Depot)
- Masage Stick (Can be purchased at Pro Shop)

### Basketball

- 2 Pairs Basketball Sneakers
- 1 Pair Cross Training Sneakers
- 1 Pair Slides/Sandals
- 8 - 10 Practice Shirts/Jerseys
- 8 - 10 Basketball Shorts
- 8 - 10 Pairs Socks
- 2 - 3 pairs Warm-Ups
- 5 - 10 Athletic Supports or Tights
- 2 Pairs Ankle Supports/Braces

### Lacrosse

- Helmet
- Gloves
- Pads (shoulder and arm)
- Mouth Guard
- Lacrosse Stick
- Cleats (2)
- Sunscreen
- Shorts (2/day)
- Sneaker Socks (2/day)
- Shirts (2/day)
- Athletic Cup
- Tennis/Turf Shoes

### Tennis

- 10-12 Pairs of Socks
- 10-12 Pairs of Shorts
- 10-12 T-Shirts
- At least 2 Pairs of Sneakers
- Minimum 2 Racquets/Racquet or Tournament Bag
- Jump Rope
- 2 Warm-ups
- 3 Collared Shirts for Tournaments
- Pocket Notebook and Pen

**PLEASE MARK ALL BELONGINGS WITH PARTICIPANT'S NAME**

# IMG PENDLETON SCHOOL 2011-2012 School Calendar

August 2011						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

29 First Day of Classes

September 2011						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

5 Labor Day Schools Closed  
28 Progress Report Grades Available Online

October 2011						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

12 PSAT Testing 10<sup>th</sup> & 11<sup>th</sup> Grade  
13-16 Parents Weekend  
21 End of 1st Quarter  
26 Reports Available Online

November 2011						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

21-25 Thanksgiving Break Schools Closed  
22 Progress Report Cards Available Online

December 2011						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

19-30 Winter Break Schools Closed

January 2012						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

2-3 Winter Break Schools Closed  
11-12 Mid Term Exams  
13 End of 2<sup>nd</sup> Quarter  
16 Martin Luther King Day Schools Closed  
17 2<sup>nd</sup> Semester Begins  
18 1<sup>st</sup> Semester Grades Available Online

February 2012						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29			

15 Progress Report Grades Available Online

March 2012						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

16 End of Quarter 3  
19-30 Spring Break Schools Closed  
21 3<sup>rd</sup> Quarter Report Cards Available Online

April 2012						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 2012						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		



7-18 AP Exams  
23-29 Final Exams  
28 Memorial Day Schools Closed  
30 End of 4<sup>th</sup> Quarter



June 2012						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30



1 Graduation  
6 2<sup>nd</sup> Semester Report Cards Available Online  
11 IMG Pendleton Summer Session 1 Begins

July 2012						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

4 Fourth of July Schools Closed  
16 IMG Pendleton Summer Session 2 Begins

 First of School  
 Schools Closed/Holiday

 Graduation  
 Parents Weekend

 Summer Session 1 Starts (6/11-7/13)  
 Summer Session 2 Starts (7/19-8/17)

## 2011-2012 IMG PENDLETON SCHOOL DAILY SCHEDULE

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Period 1: 7:30 am – 8:50 am

Period 2: 8:55 am – 10:15 am

Period 3: 10:20 am – 11:40 am

AM Directed Learning: 11:45 am – 12:25 pm

Lunch: 12:25 pm – 1:15 pm

PM Directed Learning: 1:15 pm – 1:55 pm

Period 4: 2:00 pm – 3:20 pm

Period 5: 3:25 pm – 4:45 pm

Period 6: 4:50 pm – 6:10 pm

Evening Directed Learning: 6:30 pm – 8:00 pm

Performance Elective Block 1: 12 noon – 12:55 pm

Performance Elective Block 2: 1:00 pm – 1:55 pm

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2011-2012

REGISTRATION &  
**ACADEMIC  
FORMS**



(USE THE ENCLOSED WHITE  
ENVELOPE TO RETURN)

In order to complete the Academy Program enrollment process and confirm your space at IMG Academies, all forms must be completed, signed and returned. Many forms require a signature from both parent/guardian and participant.

**PLEASE USE THE TABLE OF CONTENTS AS A CHECKLIST TO ENSURE ALL FORMS ARE COMPLETED AND RETURNED FOUR WEEKS PRIOR TO ARRIVAL.**

**Section 1 - Registration & Academic Forms.....Page 2-11**

- Registration Card (All Students)
- Waiver & Indemnification (All Students)
- Agreement to Participate (All Students)
- Activity Permission and Sign Out Form (All Students)
- Student Allowance Form (All Students)
- Performance Electives Form
- Computer Use Policy (IMG Pendleton School Students Only)
- IMG Pendleton School Uniform Order Form

# REGISTRATION CARD

**SPORT:**  Tennis  Golf  Soccer  Baseball  Basketball  IPI  Lacrosse  Football

**NON-SPORT:**  IMG Faculty/Staff  IMG Sibling  Elementary School

Last Name First Name Middle Initial

**NAME OF PARTICIPANT:** \_\_\_\_\_

Participant's Mailing Address: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female Email: \_\_\_\_\_  
Month/Day/Year

Country of Birth: \_\_\_\_\_ Passport #: \_\_\_\_\_

**Boarding**  **Non-Boarding**

**Attending Grade:** \_\_\_\_ **At School:**  IMG Pendleton  St. Stephen's  State College of Florida  Other: \_\_\_\_\_

**NON-BOARDING ONLY:** Name of approved Local Host Family/Parent/Guardian: \_\_\_\_\_

Local Address \_\_\_\_\_

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

**FATHER'S NAME:** \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Father's Mailing Address (if different than participant): \_\_\_\_\_

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

Home #: ( \_\_\_\_\_ ) \_\_\_\_\_ Work #: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell #: ( \_\_\_\_\_ ) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Fax #: ( \_\_\_\_\_ ) \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mother's Mailing Address (if different than participant): \_\_\_\_\_

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

Home #: ( \_\_\_\_\_ ) \_\_\_\_\_ Work #: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell #: ( \_\_\_\_\_ ) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Fax #: ( \_\_\_\_\_ ) \_\_\_\_\_

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 provide a copy of the order with this form)

Note: Unless a contrary order is provided, both parents will receive student information if requested.

**NAME OF PARTICIPANT:** (please print) \_\_\_\_\_

**WAIVER:** In consideration for IMG Academies LLP (hereafter "IMG") and IMG Pendleton LLC jointly accepting the enrollment of Participant in a program and/or permitting Participant access to or the use of the property, facilities, parking lot, buildings, fields, equipment, housing, dining areas, and/or services of IMG, Participant and his/her Parent/Guardian, on behalf of Participant personally, as well as his/her heirs, next of kin, personal representatives, assigned and/or unborn child(ren), hereby waive any claims against and covenant not to sue or bring any action against IMG, its affiliated companies, or any of their members, directors, officers, employees, volunteers, sponsors, independent contractors or agents, for any claim, demand, or lawsuit whatsoever, including, but not limited to, those that arise from or relate to Participant's own acts, the acts of third persons, the effect of the condition of any property, equipment, or premises, or any acts of IMG's own negligence, or the negligence of any IMG officer, employee, agent, or anyone else whose conduct may be attributed to IMG. Participant and his/her Parent/Guardian agree that this waiver, release from liability, and covenant not to sue specifically includes, but is not limited to, any claims for personal injury or illness (including death) as well as damage to, or the loss or theft of, any personal property. Participant and his/her Parent/Guardian further agree that this waiver, release from liability, and covenant not to sue has legal effect throughout Participant's enrollment in any IMG program, as well as each and every time IMG property or facilities are used by Participant, his/her guests, relatives, or family members, and agree that it shall be construed as if Participant and his/her Parent/Guardian acknowledged and attested to it throughout that time and upon each such use.

**INDEMNIFICATION:** In further consideration for IMG accepting the enrollment of Participant in a program and/or permitting Participant access to or the use of the property, facilities, parking lot, buildings, fields, equipment, housing, dining areas, and/or services of IMG, Participant and his/her Parent/Guardian, on behalf of Participant personally, his/her Parent/Guardian personally, as well as their personal representatives or assigns, hereby contractually agree to defend and indemnify IMG, its affiliated companies, or any of their members, directors, officers, employees, volunteers, sponsors, independent contractors, or agents, from any and all claims, demands, lawsuits, or damages, including related costs and attorney fees, brought by any other person or entity for any injuries or any damage to themselves, their property, or to Participant or his/her property, arising out of the use of any IMG service or facility by Participant and/or his/her guests, relatives or family members. This indemnification agreement specifically includes, but is not limited to, claims, demands, damages, or lawsuits brought by third parties which arise from or relate to any active or passive negligence, intentional conduct, and/or criminal conduct by Participant and/or his/her guests, relatives, or family members. This indemnification agreement is not limited to activities occurring on an IMG premises, but is intended to encompass any and all conduct by Participant and/or his/her guests, relatives, or family members for which a third party may seek to hold IMG, its affiliated companies, or any of their members, directors, officers, employees, volunteers, sponsors, independent contractors, or agents, liable, whether occurring on or off of an IMG property, and whether occurring as a result of travel, sport program practices, instruction, or training, participation in horse play, school or social activities, exposure to inclement weather, and/or any other circumstance whatsoever. Participant and his/her Parent/Guardian further agree that this indemnification agreement has legal effect throughout Participant's enrollment in any IMG program, as well as each and every time IMG property or facilities are used by Participant, his/her guests, relatives, or family members, and agree that it shall be construed as if Participant and his/her Parent/Guardian acknowledged and attested to it throughout that time and upon each such use.

**SEVERABILITY:** 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.

**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 IMG to the extent permitted by the law of the State of Florida. 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.

Signing this waiver as Parent/Guardian, I acknowledge that I am consenting to Participant's participation in a program at IMG and represent to IMG that I understand all risks are expressly assumed by Participant and myself and all related claims are expressly waived in advance.

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

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

(If Participant Is Under 18)

**NAME OF PARTICIPANT:** (please print) \_\_\_\_\_

**ASSUMPTION OF RISKS:** Physical activity, by its very nature, carries with it certain dangers and risks that cannot be eliminated regardless of the great care taken to prevent or minimize harm. IMG has facilities for various sport specific activities such as soccer, golf, tennis, baseball, football and basketball and related activities such as physical training, running, cycling and swimming. Some of these activities involve endurance or strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, some involve contact with equipment, fixed objects (e.g. goal posts), other participants (including participants that are older or younger and who may be larger or smaller in terms of weight and height) and various surfaces types, and others involve sustained physical activity that places stress on the cardiovascular and nervous systems. The specific risks vary from one activity to another, but in each activity the risks range from (1) minor injuries such as cuts, bruises, muscle strains and sprains, to (2) major injuries such as broken or fractured bones, concussions, or lost teeth, to (3) catastrophic injuries, such as heart attacks or fractured skull or those that cause disfigurement, loss of mental capacity, loss of sight, speech or hearing, paralysis, or death. I also understand that the Participant may be exposed, or expose others, to contagious and potentially harmful or deadly disease such as influenza, common cold, chicken pox, meningitis, or measles. Participant will also be exposed to risks while traveling (such as in vans when traveling to and from competitions, social events, or the airport), exposure to large crowds (such as at a big competition or a theme park), and exposure to risks related to receipt of treatment for any physical or mental condition.

Participant and Parent/Guardian have read the previous paragraphs and (1) understand the nature of the activities at IMG, (2) understand the demands of those activities relative to the physical condition and skill level of Participant, and (3) appreciate the types of injuries and illnesses and risks related to treatment for any physical or medical condition which may occur as a result of activities that I participate in at IMG. Participant and Parent/Guardian hereby assert that participation in a sport program at IMG and use of their facilities and services is voluntary and that Participant and Parent/Guardian knowingly assume all related risks.

**PUBLICITY RELEASE AND CONSENT:** Participant and Parent/Guardian consent to all recording, photographing and filming of Participant (the "Recordings") and each agree that IMG can use these Recordings at any time and in any manner without payment to, or additional consent of, Participant or Parent/Guardian and release IMG and its licensee from all claims related to use of the Recordings.

**ACADEMIC RECORDS RELEASE (IMG PENDLETON SCHOOL):** Due to the Federal Privacy Act, the IMG Pendleton School will not release report cards to parties other than the parent or guardians of an enrolled students without written permission from parent/guardian. The communication between the coaches, residential mentors, faculty, family and student is valuable to the success of the child. In order to fulfill this mission, your permission is needed to release the academic reports.

**LIBRARY ACCEPTABLE USE (IMG PENDLETON SCHOOL):** The IMG Pendleton School offers all students access to the Manatee County Public Library and /or the State College of Florida library. Although faculty will encourage students to return borrowed material on time, it is the parents' responsibility to pay replacement costs for lost books or any overdue fines that might accrue.

**VIDEO/SUPPLEMENTAL MATERIALS WAIVER (UPPER SCHOOL STUDENTS ONLY AT THE IMG PENDLETON SCHOOL):** For the sole purpose of supplementing the curriculum of the IMG Pendleton School, my child will be permitted to watch "R" rated movies and/or read novels with suggestive or violent content. I will not individually or as legal guardian of the Minor, sue, or bring any legal action or proceeding against the IMG Pendleton School, its instructors, staff or any of their affiliates or their legal representatives or successors.

**ACKNOWLEDGEMENT OF RULES AND STANDARDS OF CONDUCT:** I understand that IMG has rules and standards of conduct that are set forth in the IMG Academies Student Handbook which is available on our website and in hard copy. I agree to abide by these rules and standards for the safety of all participants, guests and employees.

**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 to participate and intend the signatures to signify a complete assumption of the inherent risks of participating in or observing activities at IMG to the greatest extent allowed by law in the State of Florida.

Participant and Parent/Guardian have read this Agreement and fully understand its terms. In signing this Agreement each acknowledges that he or she is consenting to the Participant's participation at IMG Academies (as specified in paragraph one) and acknowledge that each of Participant and Parent/Guardian expressly assumes all inherent risks of IMG Academies activities.

- Academies reserves the right to end the enrollment of any Participant for any physical or psychological condition that renders Participant unfit to participate in his/her sport program or in specific cases when it is determined by Academies that relationship between Academies, Participant and/or his/her Parents/Guardians is not conducive to continuation of training and/or school.
- Participation in sport program and school will not be allowed until all required forms and payments are received and the Participant has been cleared to participate. No credits or refunds will be issued for programs missed due to non-compliance.
- Boarding and non-boarding Participants must comply with all policies, procedures and rules stated in the IMG Academies Student /Parent Handbook which is available on our web site and incorporated herein by reference, whether on or off campus, in session or on vacation for duration of enrollment at Academies. In addition, all Participants must comply with any applicable city, state or federal laws and ordinances. Failure to do so is subject to disciplinary actions by Academies' Discipline Committee. Parents/Guardians understand there will be no refund or credit due for lost training days or school as a result of disciplinary action.

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

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

(If Participant Is Under 18)

# ACTIVITY PERMISSION AND SIGN OUT FORM (ALL STUDENTS)

Name of Participant : \_\_\_\_\_ Sport: \_\_\_\_\_ Date: \_\_\_\_\_  
**ACTIVITY/PERMISSION**

I hereby give my child permission to participate in all athletic, social and educational activities offered at or through IMG Academies and the IMG Pendleton School, on-campus and off-campus, such as, without limitation, the following:

- Permission to go to games and tournaments or competitions in the USA or outside the USA, the beach, theme parks, malls and other entertainment venues and other activities or outings not specifically listed above accompanied by IMG Academies' staff.
- Permission to attend local restaurants and other local venues (Wal Mart, Best Buy, etc.) unaccompanied by IMG Academies staff. I understand the Academy will use reasonable efforts to notify restaurant management to ensure proper behavior (i.e., no purchase of alcoholic beverages, no smoking, no leaving restaurant until Academy picks up).
- Permission to play at local golf courses on weekends. I understand the IMG Academies staff will drop off and pick up my child, but will not supervise golf round or activities at the golf course.
- Permission to be transported by faculty and/or staff of the academic school he/she is attending while enrolled at IMG Academies.
- Permission to participate in sport product testing.
- Permission to participate in sports activities and play which are not supervised by IMG Academies or under its control (i.e., biking, pickup basketball games, ice skating, etc.) for which IMG Academies will have no responsibility.

## OFF-CAMPUS RELEASE - BOARDING STUDENTS ONLY

- I hereby give my child permission to go off-campus or on an overnight visit with adult individuals and/or families specified **on the below sign out form**. 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 by fax (941)752-2528 or via email to [permissions@imgworld.com](mailto:permissions@imgworld.com). IMG Academies will not accept permissions other than those placed on attached form or submitted in writing to IMG. I further understand that IMG Academies does not monitor the individuals or families authorized by me and that once my child is released to the individuals authorized by me, I agree that IMG Academies will have no responsibility or liability for anything that happens with or to my child.

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

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

E-Mail Address: \_\_\_\_\_

## OFF-CAMPUS RELEASE SIGN OUT FORM - BOARDING STUDENTS ONLY

Please specify name of adults who you authorize to "sign out" your child from the IMG Academies. Please specify any restrictions:

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

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

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

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

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

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

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

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

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

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

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

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

If you would like to include additional adults to "sign out" your child please email [permissions@imgworld.com](mailto:permissions@imgworld.com)

# STUDENT ALLOWANCE FORM

This form is being provided for those Parents/Guardians who choose to set up a weekly allowance for their children to assist them in managing their money. Unless we receive this form from you, we will allow your child to withdraw funds from their personal spending account at their own discretion.

**NAME OF PARTICIPANT:** \_\_\_\_\_  
Please Print

Amount of Allowance Allowed Each Week: \$ \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Parent Guardian      Date: \_\_\_\_\_



During the 2011-2012 school year, one Performance Elective per semester will be offered to all students (Grade 6 and above) who are attending the IMG Pendleton School or an IMG approved school (St. Stephens or Post-Graduate). One elective per semester is included in your tuition. A brief summary of the 10 Elective Divisions is provided below, however, we highly encourage you to learn more at [www.imgacademies.com/img-performance-institute](http://www.imgacademies.com/img-performance-institute), or by contacting Chris Washington at (941) 752-2688 or [chris.washington@imgworld.com](mailto:chris.washington@imgworld.com). Once you have made your selections, please complete the registration form and return it to IMG Academies Admissions along with your registration packet.

## The 10 Elective Divisions

[All electives taught in a small group setting]

### **Vision Training:**

Develops and strengthens the athlete's eye muscles and visual system to enhance hand eye coordination, peripheral vision, reaction time, and depth perception.

### **Mental Toughness:**

Develops the ability to compete with a consistent, positive and focused mind-set, no matter what the situation.

### **Stress Management:**

Teaches practical knowledge and skills to cope and manage stress effectively both on and off the sports field.

### **Communication by game on:**

Improves self awareness, social interaction and overall confidence when communicating in sport and life through improvisation and role playing exercises.

### **Nutrition:**

Optimizes personal nutrition to meet high level lifestyle and sport demands.

### **Life Skills - Preparing for Life after the Academies:**

Teaches athletes the skills and characteristics that will help manage the transition to college life.

### **Yoga:**

Improves balance, flexibility, core strength and endurance and helps improve the mind-body connection.

### **Speed Training:**

Improves technical movement, posture, actions and breathing required to maximize speed.

### **Injury Prevention and Care:**

Teaches anatomy, injury prevention, injury recognition and first aid to athletes.

### **SAT/ACT Preparation:**

A customized program designed to improve study habits, test taking strategies, and ultimately test scores.

# 2011-2012 PERFORMANCE ELECTIVES

Please rank your top five program choices in the boxes below (1 through 5, with 1 being your top choice), and return the completed form along with your registration packet. Please contact Chris Washington at 941.752.2688 or [chris.washington@imgworld.com](mailto:chris.washington@imgworld.com) if you have any questions.

Performance Electives	Recommended	Pre-requisites
<input type="checkbox"/> Vision Training 1	All students	None
<input type="checkbox"/> Vision Training 2*	All students	Vision 1
<input type="checkbox"/> Nutrition 1	All students	None
<input type="checkbox"/> Nutrition 2*	All students	Nutrition 1
<input type="checkbox"/> Mental Toughness	Freshman (Grade 9) & over	None
<input type="checkbox"/> Stress Management	Freshman (Grade 9) & over	None
<input type="checkbox"/> Communication by game on 1	All students	None
<input type="checkbox"/> Communication by game on 2*	All students	Communication 1
<input type="checkbox"/> Communication by game on 3*	All students	Communication 2
<input type="checkbox"/> Communication by game on 4*	Juniors (Grade 11) & over	Communication 3
<input type="checkbox"/> Life skills - Preparing for Life after the Academies	Juniors (Grade 11) & over	None
<input type="checkbox"/> Yoga	All students	None
<input type="checkbox"/> Speed Training	All students	None
<input type="checkbox"/> Injury Prevention and Care	Juniors (Grade 11) & over	None
<input type="checkbox"/> SAT/ACT Preparation	Juniors (Grade 11) & over	None

**Notes:**

\* You may select from each division only once. Some courses require students to have attended the foundation courses (ex. Vision 1 before Vision 2). If you have previously taken Vision, Nutrition, or Communication by game on during your time at IMG Academies and think you are eligible for level 2-4 courses please contact Chris Washington at (941) 752-2688 or [chris.washington@imgworld.com](mailto:chris.washington@imgworld.com).

Performance Electives will be assigned based on your tenure at IMG Academies as well as your academic and athletic schedule. We will do our best to sign you up for your highest choice based on class availability. If this is not possible, you will receive your next highest available choice.

Performance Elective schedules will be available September 9th, 2011 and classes will begin September 12th, 2011. During the first two weeks of fall semester we will be administering entry performance evaluations (Combine360) and finalizing your schedule.

**Please Print Clearly:**

Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

Coach Name (if known) \_\_\_\_\_

Parent Names: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Parent E-mail: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ Student E-mail: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Grade: \_\_\_\_\_

IMG Pendleton School students must utilize technology in a responsible and acceptable manner and are expected to:

- Respect the privacy of others. Students will be issued an email account and network access. This information is private and should not be shared with other students.
- Never intentionally use programs or other technologies that may damage or alter the software on the school's network. Tampering with hardware or software, or any vandalism of computer equipment is a serious offense which will result in immediate suspension of all network privileges.
- Respect the legal protection provided by copyright and licenses. Users shall not upload, download, copy or distribute copy written material.
- Report any violation of these guidelines by any other individual.

**The following technology uses are considered unacceptable and may result in disciplinary actions:**

- Intentionally disrupting network traffic or crashing the network and connected systems; vandalizing equipment;
- Stealing data, equipment, or intellectual property;
- Gaining unauthorized access of others' files, or vandalizing the data of another user;
- Posting inappropriate messages;

**Consequences of violation include, but are not limited to:**

Possible suspension and revocation of Internet, Network & Access or Privilege

The following agreement must be read and signed by the student and parent or legal guardian.

By signing this Consent and Waiver form, I \_\_\_\_\_ [print student name here] and my parents(s) or guardian(s) agree to abide by the restrictions outlined in the Computer Use Policy. Further, my parent(s) or guardian(s) and I have been advised that the IMG Pendleton School does not have control of the information on the Internet, although it attempts to provide prudent and available barriers. Other sites accessible via the Internet may contain material that is illegal, defamatory, inaccurate or potentially offensive to some people. While the intent of the IMG Pendleton School is to make Internet access available to further its educational goals and objectives, account holders will have the ability to access other materials as well.

The student and his/her parent(s) or guardian(s) understand that student access to the network is to support the educational responsibilities and mission of the school. Although, the IMG Pendleton School supports the privacy of electronic mail, students must assume that this cannot be guaranteed.

By signing this form I agree to the following terms:

- I will not use the IMG Pendleton School computer network for illegal purposes of any kind.
- I will not use the IMG Pendleton School network to transmit threatening, obscene or harassing materials.
- I will not use the IMG Pendleton School network to interfere with or disrupt network users, services or equipment. The IMG Pendleton School network is private to the individuals and organizations which own or hold rights to those resources and information unless specifically stated otherwise by the owners or holders of rights.

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

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Uniforms are now available to purchase in the IMG Sport Shop located at Academy Park. If you wish to pre-order, please visit the IMG Sports Shop online at: <http://store.imgacademies.com/>. You may also complete the order form on the reverse side and mail in the enclosed white envelope with all other Registration and Academic forms.



## A. PERFORMANCE POLO

Product Details: Essential golf polo. Generously cut and built-in Heat-Gear® fabric technology to move moisture away from your body ensuring you stay cool, dry, and comfortable. UPF 30+ protects against harmful sunrays. Antibacterial treated for odor-free performance. Embroidered IMG Pendleton/Under Armour logo. Ribbed collar.

**Men's Item # 1000492 \$34.99**

Sizes: SM, MD, LG, XL, XXL

Colors: Carolina Blue (475) Midnight Navy (410), Royal Blue (460), White (001), Black (100)

**Women's Item # 1001189 \$34.99**

Sizes: XS, SM, MD, LG, XL

Colors: Carolina Blue (475), Midnight Navy (410), Royal Blue (460), Pink (695), White (001), Black (100)

**Youth Item # 1002186 \$29.99**

Sizes: Y-SM, Y-MD, Y-LG

Colors: Midnight Navy (410), Sailor Blue (460), White (001), Black (100)

## B. FLEECE

Product Details: Armour®Stretch improves mobility and accelerates dry time with lightweight fabrics built in a 4-way stretch. Built with Flatlock Seams that feel smooth against the skin and prevent chafing. Raglan sleeve construction allows for total mobility and a full range of motion, while eliminating shoulder seam abrasion points. Strategic vent zones built into key points where the body dumps heat, keeping you cool, dry, and comfortable. Full Zip design for easy on/off and on-the-go ventilation. Mini Pocket.

**Men's Item # 1211967 \$44.99**

Sizes: SM, MD, LG, XL, XXL

Color: Black (100)

**Women's Item # 1212028 \$44.99**

Sizes: XS, SM, MD, LG, XL

Color: Black (100)

**Youth Item # 1203036 \$34.99**

Sizes: Y-SM, Y-MD, Y-LG

Colors: Charcoal (002)



## C. BACKPACK

Victory backpack with zip-closed main storage compartment. Custom 88 card for team number/initials identification. Space for team customization. Adjustable, padded shoulder straps. Dual side mesh pockets. Interior shoe pocket.

**Item # 1217557 \$49.99**

Colors: Royal Blue (400), Black (100), Graphite (040)





2011-2012

HEALTH  
**SERVICES**  
**FORMS**



(USE THE ENCLOSED GRAY  
ENVELOPE TO RETURN)

In order to complete the Academy Program enrollment process and confirm your space at IMG Academies, all forms must be completed, signed and returned. Many forms require a signature from both parent/guardian and participant.

**PLEASE USE THE TABLE OF CONTENTS AS A CHECKLIST TO ENSURE ALL FORMS ARE COMPLETED AND RETURNED FOUR WEEKS PRIOR TO ARRIVAL.**

## Health Services Forms.....Page 2-12

- Student Health Record (Completed by Guardian/Parent(s) for all students)
- Physician's Report (**All students. Must be completed and stamped by Doctor in English and dated after June 1st, 2011**)
- Immunization Record (All students)
- Consent for Treatment (All Students)
- Emergency Contacts (All Students)
- Health Care Policies (All Students)
- Consent for Medication and Medication Policy (Boarding Students Only)
- Health Insurance Requirements (All Students)
- UnitedHealthcare Coverage Information Brochure
- FHSAA Preparticipation Physical Evaluation (**Baseball & Basketball student athletes only**)

In order to be eligible for participation in teams for schools that belong to the Florida High School Athletic Association (FHSAA), they require that the Preparticipation Physical Evaluation form be completed. The FHSAA is willing to accept the IMG Physician form as an acceptable substitute as long as the participant's parents have completed and signed page 1 of the FHSAA form. If your child does not have this health history portion satisfactorily completed, they will not be able to participate in those teams. PLEASE COMPLETE, SIGN AND SUBMIT THIS FORM ALONG WITH THE COMPLETED IMG PHYSICIAN FORM.

**PLEASE NOTE: THE STUDENT HEALTH RECORD/PHYSICIAN REPORT IS DUE ANNUALLY AND PHYSICAL MUST BE COMPLETED AFTER JUNE 1ST. THIS PAGE IS TO BE COMPLETED BY THE PARENT/GUARDIAN.**

## STUDENT HEALTH RECORD

Name of Participant: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sport \_\_\_\_\_  
MM/DD/YYYY

Gender:  Male  Female  Boarding  Non-boarding Student Cell Phone #: \_\_\_\_\_

Any known Allergies:  Yes  No Reactions? (List) \_\_\_\_\_

Student Email Address: \_\_\_\_\_

## HEALTH HISTORY:

**\*\*\* If your student has a chronic medical condition such as diabetes, seizure disorder, hemophilia, severe allergies or mental health disorder, there may be special requirements that are applicable for your student to attend or to board at IMG Academies. Please contact Health Services at 941-752-2479 to discuss these requirements prior to enrolling or making any travel arrangements to IMG Academies. In some instances the child may be required to be a non-boarding student to participate in our programs.**

- 01 Anemia  Yes  No Date: \_\_\_\_\_ Comments: \_\_\_\_\_
- 02 Ear Infection  Yes  No Date: \_\_\_\_\_ Comments: \_\_\_\_\_
- 03 Hepatitis  Yes  No Date: \_\_\_\_\_ Comments: \_\_\_\_\_
- 04 Meningitis  Yes  No Date: \_\_\_\_\_ Comments: \_\_\_\_\_
- 05 Mononucleosis  Yes  No Date: \_\_\_\_\_ Comments: \_\_\_\_\_
- 06 Pneumonia  Yes  No Date: \_\_\_\_\_ Comments: \_\_\_\_\_
- 07 Sinusitis  Yes  No Date: \_\_\_\_\_ Comments: \_\_\_\_\_
- 08 Tonsillitis  Yes  No Date: \_\_\_\_\_ Comments: \_\_\_\_\_
- 09 Asthma/bronchitis  Yes  No Date: \_\_\_\_\_ Comments: \_\_\_\_\_
- 10 Diabetes  Yes  No Date: \_\_\_\_\_ Type: \_\_\_\_\_
- 11 Ever had a seizure?  Yes  No Date: \_\_\_\_\_ Comments: \_\_\_\_\_
- 12 Does the student have painful menstrual cycles?  Yes  No How is it treated? \_\_\_\_\_
- 13 Has the student ever had a rash or hives develop during or after exercise?  Yes  No Date: \_\_\_\_\_
- 14 Does the student have any current skin problems (ex: itching, rashes, acne, warts, fungus)?  Yes  No Date: \_\_\_\_\_
- 15 Has the student ever had a head injury or concussion?  Yes  No Date: \_\_\_\_\_
- 16 Has the student ever been knocked out, become unconscious, or lost their memory?  Yes  No Date: \_\_\_\_\_
- 17 Does the student have frequent or severe headaches or migraines?  Yes  No Date: \_\_\_\_\_
- 18 Has the student ever had numbness or tingling in their arms, hands, legs, or feet?  Yes  No Date: \_\_\_\_\_
- 19 Does the student cough, wheeze, or have trouble breathing during or after activity?  Yes  No Date: \_\_\_\_\_
- 20 Does the student have asthma or severe allergies?  Yes  No Date: \_\_\_\_\_
- 21 Has the student or any family member ever had an adverse reaction to anesthesia (ex: malignant hyperthermia)?  Yes  No Date: \_\_\_\_\_
- 22 Does the student have a history of or currently have an eating disorder?  Yes  No Date: \_\_\_\_\_
- 23 Does the student have a history of or currently have any mental health issues (ex: depression, anxiety, stress, ADD/ADHD)?  Yes  No Date: \_\_\_\_\_
- 24 Has the child ever been referred/evaluated by a psychiatrist/psychologist?  Yes  No Date: \_\_\_\_\_
- 25 Does the student take medication related to a mental health issue (anti-depressant, anti-anxiety, ADD/ADHD Medications)?  Yes  No Date: \_\_\_\_\_

Explain "YES" Answers: \_\_\_\_\_

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

Name of Participant : \_\_\_\_\_

**THIS PAGE IS TO BE COMPLETED BY THE PARENT/GUARDIAN**

List Any Surgeries or Hospitalizations:

DATE	SURGERY	HOSPITALIZATION

Please List all medications and their dosages (including OTCs and supplements) that your student is taking:

MEDICATION	DOSAGE	INSTRUCTIONS

**ORTHOPEDIC HISTORY**

Please provide any previous injuries your student has suffered: Include dates, surgeries, special tests (CAT scan, x-ray, MRI, etc), Right or Left body part.

Head (Including ear, teeth, nose, and eyes):	
Neck:	
Back:	
Chest:	
Shoulders:	
Arms:	
Elbows:	
Wrists:	
Hands/Fingers:	
Hips:	
Thighs:	
Knee:	
Lower Leg (shin/calves):	
Ankles:	
Feet/Toes:	

Is there anything else we should be aware of regarding your student's health? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby state, to the best of my knowledge, my answers to the above questions are complete and correct. I understand and acknowledge that I am hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECHO) and/or cardio stress test. If any of the above tests are performed on your student, please include a copy with this form.

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

\_\_\_\_\_  
Date of Completion

\_\_\_\_\_  
Please print name



Name of Participant : \_\_\_\_\_

**PHYSICIAN'S REPORT- MUST BE COMPLETED BY PHYSICIAN IN ENGLISH AFTER JUNE 1ST**

Based upon Florida statutes, any health professional who is licensed in Florida or the state/country the student resided in at the time of the health examination and who is authorized to perform a general health examination under such licensure shall be acceptable to complete the Physician's Report.

Date of Exam: \_\_\_\_\_

IMG Academies is dedicated to the health and safety of our athletes. For that reason we have adopted the American Heart Association's 12 Point Recommendations for Pre-participation Screening. If any of the following criteria are present, regardless of the reason, then all of the following items are required prior to participating at IMG Academies: (1) ECG (2)echocardiogram (3) letter of clearance from a cardiologist. Results of each of these tests and a letter of clearance from the cardiologist must be on file prior to student's travel to IMG. Please note that the interpretation of (1) ECG, (2) echocardiogram and (3) letter of clearance must be in English.

**12 POINT CARDIAC EVALUATION:**

Please check each box, explain "yes" answers and have your Physician sign and stamp on page two. Remember any "yes" answers need to result in: (1) ECG (2) echocardiogram (3) letter of clearance from a cardiologist to be delivered prior to student's travel to IMG.

PERSONAL MEDICAL HISTORY:			COMMENTS:
Exertional chest pain/discomfort	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Syncope/near syncope	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Excessive exertional and otherwise unexplained dyspnea/fatigue associated with exercise	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Prior recognition of heart murmur	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Elevated blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>FAMILY MEDICAL HISTORY:</b>			
Premature death (sudden or otherwise) related to heart disease in relatives younger than 50 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Disability from heart disease in close relative younger than 50 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Specific knowledge of hypertrophic or dilated cardiomyopathy, ion channelopathies such as long QT syndrome, Marfan Syndrome, or clinically important arrhythmias	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>PHYSICAL EXAMINATION:</b>			
Heart murmur	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Aortic Coarctation noted on Femoral Pulse Exam	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Physical stigmata of Marfan syndrome	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Abnormal Brachial artery blood pressure (sitting position)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Notes: \_\_\_\_\_  
 \_\_\_\_\_

**SCREENING TESTS**

VISION DATE: \_\_\_\_\_

Distance Acuity: Right \_\_\_\_\_ Left \_\_\_\_\_ With Correction Wears Glasses  Yes  No  
 Right \_\_\_\_\_ Left \_\_\_\_\_ Without Correction Wears Contacts  Yes  No

Height: _____	BP: _____
Weight: _____	Pulse: _____

Name of Participant : \_\_\_\_\_

**PHYSICIAN'S REPORT- MUST BE COMPLETED BY PHYSICIAN IN ENGLISH**

Describe any variations from the norm      N = Normal      Ab = Abnormal

Teeth:	Extremities:	Menses:
Glands:	Eyes:	Chest x-ray:
Lungs:	Ears:	Other:
Skin:	Abdomen:	
Heart:	GI system:	
Scalp:	Vital Signs:	
Abnormal explained:		

**TUBERCULOSIS SCREENING (MANTOUX PPD SKIN TEST)**

Have you been experiencing any of the following signs and symptoms that may be associated with tuberculosis?

1. Persistent Cough (>3 weeks)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Coughing up Blood	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Unexplained Weight Loss	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Loss of Appetite	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Fever/Chills	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Night Sweats	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Tire Easily	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever had a positive TB skin test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever taken prophylactic medication because you were exposed to TB?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Females: Are you pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Anyone with a "Yes" response, except for question # 10, will require a TB test or chest x-ray)

Date of Test:	Date Read:	2nd Test Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Site:	Results in MM:	Date of 2nd Test:
By:	By:	Site:
Manufacturer:		By:
Lot #:	Results in MM:	Expiration Date:

**I understand that IMG Academies programs may include vigorous physical activities and exertion, which can occur in a hot and humid environment, such as Bradenton, Florida. I have discussed the "12 Point" cardiac evaluation with the student and parents, performed a physical examination and believe he/she is physically able to participate in athletic and sports activities as described.**

**THIS STUDENT IS CLEARED TO PARTICIPATE AS FOLLOWS:**

- Unrestricted Clearance
- Restricted Clearance limitations are advised: Specify limitations: \_\_\_\_\_

**Additional information the examiner believes should be brought to the attention of IMG Academies to enable the student to participate in athletics or to provide for student's well being:** \_\_\_\_\_

Physician's Name (Print): \_\_\_\_\_  
 Physician's Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: (        ) \_\_\_\_\_



**MUST BE COMPLETED IN ENGLISH. NEW STUDENTS COMPLETE IN FULL. RETURNING STUDENTS SUBMIT UPDATES ONLY.**

**NAME OF PARTICIPANT:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

IMMUNIZATIONS	DATES RECEIVED (MM/DD/YYYY)				
DPT (diphtheria, tetanus, pertussis) or TD (tetanus, diphtheria) or DTP-Hib (5 required)					
Td (Tetanus)					
Polio: OPV, IPV (4th dose required if 3rd given before age 4)					
MMR (Mumps, Measles, Rubella) 2 doses required					
Hepatitis B (Series of 3 required)					
Varicella (Chicken Pox) required unless documented history of disease	Vaccine:	Vaccine:	Disease:		
Meningococcal					

**2011-2012 School Entry Requirements**

Prior to entry, attendance, or transfer to a Florida school (kindergarten through 12 grade) each child should have a completed Florida Certification of Immunization (schedule below), documenting the following:

- Four or five doses of diphtheria-tetanus-pertussis (DTaP) vaccine
- Two or three doses of hepatitis B (hep B) vaccine
- Four or five doses of polio vaccine\*
- Two doses of measles-mumps-rubella (MMR) vaccine
- Two doses of varicella vaccine+ for kindergarten and grades one and two
- One dose of varicella vaccine+ for grades three through nine

\*Upcoming new requirement for 2011-2012, if fourth dose of vaccine is administered prior to the fourth birthday, a fifth dose of polio vaccine is required for entry into kindergarten.

+Varicella vaccine is not required if varicella disease is documented by the healthcare provider.

For more information, call (850)245-4342 or visit [WWW.IMMUNIZEFLORIDA.ORG](http://WWW.IMMUNIZEFLORIDA.ORG)

**Meningococcal Vaccine**

I understand that the Meningococcal (Meningitis) vaccine is strongly recommended by the US Centers for Disease Control (CDC) for students.

- I wish to decline the Meningococcal vaccine for my student. I understand and accept the risks of my student not having this vaccine which can cause very severe illness and death.
- I will take my student to his/her local physician or Health Department to obtain the Meningococcal vaccine, and I will provide IMG Academies with proof of vaccination.
- My student has already received the Meningococcal vaccine, and the date is recorded above.

\_\_\_\_\_  
Signature of Person completing immunization record

\_\_\_\_\_  
Date of Completion

\_\_\_\_\_  
Please print name

This is to certify that the staff of IMG Academies LLP and IMG Pendleton School LLC is being given authority by me

\_\_\_\_\_  Parent or  Guardian of \_\_\_\_\_  
(Please Print Parent/Guardian Name) (Name of Participant)

to act on my behalf for any medical/mental health 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 care and prevention of injuries, mental health interventions, follow-up care and the taking of over-the-counter or prescription medicines 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; (6) mental health treatment, (7) treatment or surgery that may be deemed necessary by appropriate medical personnel and (8) disclosure of all medical information, electronically, orally or in print, related to any treatment.

### DRUG AND ALCOHOL TESTING 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, IMG Academies LLP 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 IMG.

I hereby consent to having samples of my student's 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 IMG Academies.

### MEDICAL IDENTIFICATION CARD

I voluntarily wish to add the following information regarding severe allergies, chronic illnesses or other potentially life threatening medical conditions to my child's campus identification. I further consent to this information being posted on my child's student records and files. I understand that this information is shared among IMG Academies' employees, in print and electronically:

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

### AUTHORIZATION FOR ALL PURPOSES

My signature below gives my permission for the above that includes Consent for Treatment, Drug and Alcohol Testing, Medical Identification Card and use of my credit card as needed for medical treatment:

_____ Participant Signature	_____ Printed Name	_____ Date
_____ Parent/Guardian Signature	_____ Printed Name	_____ Date

### REQUIRED:

I hereby authorize the use of my credit card to cover all medical expenses not covered by my health insurance.

CARD TO BE USED:  VISA  MASTERCARD

Name (as it appears on Credit Card): \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Signature of credit card holder: \_\_\_\_\_

**NAME OF PARTICIPANT:** \_\_\_\_\_

With the safety and well-being of your child in mind, we are asking that you provide three emergency contacts. We will only call the second and third person if we are unable to reach the first on the list. These three (3) contacts should be listed below in the order in which you would like them called. If the parent/legal guardian would like to be the first person called in case of an emergency, please be sure to list yourself as Emergency Contact #1. If possible, please be certain that at least one of the contacts is able to communicate in English.

Please list phone numbers below in order they should be called: If international please include country and city codes.

**Emergency Contact #1**

Name of Contact: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Language: \_\_\_\_\_ Country to be called: \_\_\_\_\_

English Speaker: English Speaker:  Yes  No

1. \_\_\_\_\_ # Type \_\_\_\_\_  
: \_\_\_\_\_

2. \_\_\_\_\_ # Type \_\_\_\_\_  
: \_\_\_\_\_

3. \_\_\_\_\_ # Type: \_\_\_\_\_

(Contact Numbers)

(Specify home, cell or busi-

ness)

**Emergency Contact #2**

Name of Contact: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Language: \_\_\_\_\_ Country to be called: \_\_\_\_\_

English Speaker:  Yes  No

1. \_\_\_\_\_ # Type \_\_\_\_\_  
: \_\_\_\_\_

2. \_\_\_\_\_ # Type \_\_\_\_\_  
: \_\_\_\_\_

3. \_\_\_\_\_ # Type: \_\_\_\_\_

(Contact Numbers)

(Specify home, cell or busi-

ness)

**Emergency Contact #3**

Name of Contact: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Language: \_\_\_\_\_ Country to be called: \_\_\_\_\_

English Speaker:  Yes  No

1. \_\_\_\_\_ # Type \_\_\_\_\_  
: \_\_\_\_\_

2. \_\_\_\_\_ # Type \_\_\_\_\_  
: \_\_\_\_\_

3. \_\_\_\_\_ # Type: \_\_\_\_\_

(Contact Numbers)

(Specify home, cell or busi-

ness)

**Should this contact information change during the school year, it is the responsibility of the family to notify us with these changes.**

**NAME OF PARTICIPANT:** \_\_\_\_\_

The Health Services Department is available 7 days per week in an effort to make available high quality health care services for your child. The scope of services IMG Academies Health Services staff provide differs somewhat between those boarding and those non-boarding (see chart below).

Health Care Services Provided	Boarding	Non-Boarding
Emergency Care	X	X
Basic First Aid during school or program hours	X	Sick child must be picked up by parent/authorized adult within an hour of our notification
Follow-up/monitoring outside of school hours	X	
Coordination of doctor appointments	X	
Administration of prescription medications	X	Emergency cases only (i.e. EpiPen)
Administration of Over The Counter medications	X	Requires parental approval at time of need

**ADDITIONAL INFORMATION FOR BOARDING STUDENTS:**

- A. Doctor Visits: From time to time independent medical, dental, or mental health practitioners make their services available on-campus (“On-campus Independent Practitioners”). IMG Academies does not endorse the use of any particular On-campus Independent Practitioners and students may be seen by any practitioner with whom the student’s parents make arrangement. If your child sees other providers off campus, 72 hours advance notice is requested and transportation fees will apply.
- B. Transportation Fees: Transportation is available from IMG to off-campus doctor’s offices upon request. The cost is \$50 for the first hour and \$25 for each additional hour. The doctor’s visit is calculated in the time. The total charge for round-trip transport will not exceed \$100.
- C. Observation: Health Services will provide short-term observation when a child is ill. Parents of boarding students will be required to care for their child if surgery is deemed necessary or if long-term observation, isolation or rehabilitation is required or the student needs to return home for such treatment, isolation or rehabilitation.
- D. Medications: Please read and complete the Boarding Students Consent for Medication and Boarding Students Medication Policy. These forms must be completed for boarding students even if your child is not currently taking medications.

**GUIDELINES FOR FOOD ALLERGY MANAGEMENT**

- IMG Academies and IMG Pendleton do not knowingly incorporate peanuts or tree nuts into foods served in the cafeteria, clubhouse, and bistro. However, IMG Academies cannot prevent all cross-contamination during food manufacturing, transportation and service process. Please be advised that IMG Academies Golf and Country Club does incorporate nuts into its menu. The Country Club is not located on the main campus of IMG Academies.
- IMG Academies and IMG Pendleton will designate and clean a table in the junior cafeteria for use by food allergy sufferers.
- Parents of participants with severe allergies and other potentially life-threatening medical conditions may elect to have their personal information listed on a separate medical identification card which should be carried by the student at all time with their student identification card.
- To the extent reasonably available, students with food allergies will have the opportunity to purchase individually sealed meals that are free of specific allergens. To participate, students must make arrangements with Student Services.

**REMEMBER:** Parents/Guardians should inform participant who suffers from severe allergies, food or otherwise to:

- Notify the IMG Academies Health Services Department of their allergies and prescribed treatments before arrival on campus.
- Consult with their private health care practitioners regarding appropriate management of their allergies and be prepared to manage their allergic conditions before arrival on campus. Students should carry their EpiPen or other treatment with them as prescribed by their physician.
- Be aware of the possibility of exposures at anytime and NEVER trade food with others.
- Always seek treatment for any reactions or possible exposure. All questions about the policy or a specific allergy issue should be addressed with IMG Academies Health Services at (941) 752-2479 or email healthservices@imgworld.com.

My signature below confirms that I have read and understand the above policies.

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

\_\_\_\_\_  
Date

# CONSENT FOR MEDICATION FOR BOARDING PARTICIPANTS

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

Name of Participant: \_\_\_\_\_  
(Please Print Name)

Parents and students are required to provide IMG Academies 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 IMG policy, students may self-administer the following medication with parental/guardian permission. IMG Academies reserves the right to revoke a student's right to self administer medication when, in the professional judgment of IMG Academies Health Services 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 (OTC) cough/cold remedies with sleep aids including Benadryl. Antibiotics for acne.

**LEVEL 3** Controlled substance medications including those for ADD/ADHD, anticonvulsants, antidepressants, antipsychotics, narcotics and Accutane. Antibiotics for acute illness, and antidiabetic medications and supplies.

Please List all medications and their dosages (including OTCs 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 Level 1 medications? Yes No
- Would you like your student to be able to store and self administer Level 2 medications? Yes No
- Would you like your student to be able to store and self administer level 3 antibiotics for acute illness if the nurse agrees after 72 hours of taking the medication as administered by Health Services? Yes No

**Dispensing of Level 3 Medications:**

In the event my student takes an off campus trip, I give consent to IMG Academies to dispense my student's prescribed medications to them for self administration. Yes No

**Failure to adhere to the dispensation level permitted is a major violation and may result in disciplinary action for your son/daughter.**

We Parent/Participant understands that by virtue of granting this consent, Participant will be solely responsible for taking the above medication and that IMG Academies shall have no liability whatsoever relating to the use or non-use of the medication. We further agree that Participant will store the medication in a physically secure manner and will not share the medication with any other person. We understand that IMG Academies can revoke Participant's right to self administer medication when, in the professional judgment of Health Services staff, Participant has demonstrated an inability to self medicate safely.

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

\_\_\_\_\_  
Date

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



Name of Participant : \_\_\_\_\_

## Health Insurance Requirements/Medical Account Deposit

Out of concern for the health and welfare of our students, IMG Academies ("IMG") and the IMG Pendleton School requires that every Academy Program student be covered by a United States based comprehensive injury and sickness plan that will meet the high cost of medical services and is accepted by local medical providers should your child need medical attention.

**Please note that this means that no international insurances, travel insurances or credit card reimbursement plans for medical expenses will be accepted for the 2011/2012 school year as acceptable health insurance coverage by IMG. USA based Medicaid and HMO plans not issued in the State of Florida will not be accepted by IMG for boarding students. This is a mandatory requirement of the registration process. Your child will not receive a permanent ID when arriving to campus until after your child provides proof of insurance coverage meeting these requirements. Without a permanent ID, your child will not be able to participate in sport and academic programs.**

To meet your injury and sickness plan coverage responsibilities for your child, you may have or arrange for private US based health insurance coverage for your child. Alternatively, if you do not have US-based private health insurance coverage that meets the IMG requirements, you can choose to enroll your child in the comprehensive injury and sickness plan described below which is offered through Clifford Allen Associates as agent for United HealthCare® Services, Inc. ("United Healthcare") - a health care company located in Salt Lake City, Utah (the "UHC Plan"):

### The UHC Plan (Primary Coverage)

The UHC Plan provides you with primary, first dollar benefits for approved health care claims. The UHC Plan will cover your child during a full 12 month period for an annual premium of \$1,475.00 (the "Premium"). The UHC Plan was designed by United Healthcare® (and not IMG) for the students at IMG as stated in the enclosed brochure. Please note that the UHC Plan is offered directly by Clifford Allen Associates for United Healthcare® and not by IMG to you. Please read the enclosed plan brochure carefully for a description of the UHC Plan insurance coverage, limits and exclusions.

**Medical Account Deposit:** Each boarding student is required to set up a medical account at IMG at registration/check-in to help fund your private health insurance or UHC Plan deductibles, co-pays or fees for services not covered under your health plan. The amount to be paid into this medical account must be a minimum of \$300.00. If this medical account money is not used during the year, it will be returned to you at the end of the year. If the amount is used during the year, you agree to replace the monies necessary to fund your child's medical account with the required minimum amount.

Boarding \_\_\_\_\_ Non-boarding \_\_\_\_\_

Male or  Female Date of Birth \_\_\_\_\_ Sport \_\_\_\_\_ Home Country \_\_\_\_\_  
MM/DD/YYYY

### You must select one of the two options provided below:

#### 2010-2011 United Health Care Student Injury & Sickness Plan

YES\* - Enroll my child in the UHC Plan for a full 12 months at a Premium cost of \$1,475.00 or \$930 for a student not arriving until second semester. I have received a copy of the United Healthcare Student Insurance brochure and understand the insurance limits and exclusions. I understand that I am financially responsible for co-pays, coinsurances or medical services not covered under this plan. \* If you choose to enroll your child in the UHC Plan, the Premium is due in full at the time of registration/check-in at IMG. You may also remit payment prior to arrival by providing a credit card number below or sending a check made out to IMG Academies LLP.

_____	_____	_____
Parent/Guardian Signature	Printed Name	Date
Name (as it appears on Credit Card): _____		
Card Type (MC, Visa, AMEX): _____ Card Number: _____		
Expiration Date: _____ CVV Code: _____		
MM/YY		

NO\*\* - Do not enroll my child in the UHC Plan. My child is enrolled in a US based private health insurance plan that meets IMG requirements. I understand that I am financially responsible for all deductibles, co-pays, coinsurances or medical services not covered by my plan. **\*\*If you choose this option, then you must provide an enlarged, clear copy of both sides of the insurance card evidencing your private health insurance coverage for your child.** Please include the policy holder's name and policy holder's date of birth. The requirement will not be fulfilled until you provide this information and it has been accepted by IMG.

_____	_____	_____
Parent/Guardian Signature	Printed Name	Date
_____	_____	
Insurance Policy Holder Name	Policy Holder Date of Birth	

If you have any questions regarding this requirement, please contact Erika Rivera @ (941) 752-2479. Please complete this form and return it to the IMG Academies Health Services Office by August 1 if you are applying for the Fall semester or December 1 if applying for the Spring semester. If you are choosing not to enroll your student please attach all of your insurance information as requested. You may return this information along with your enrollment packet or fax to (941) 752-2626.



# Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

## Part 1. Student Information (to be completed by student or parent)

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 School: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Sport(s): \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Person to Contact in Case of Emergency: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Personal/Family Physician: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

## Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___	26. Have you ever become ill from exercising in the heat?	___	___
2. Do you have an ongoing chronic illness?	___	___	27. Do you cough, wheeze or have trouble breathing during or after activity?	___	___
3. Have you ever been hospitalized overnight?	___	___	28. Do you have asthma?	___	___
4. Have you ever had surgery?	___	___	29. Do you have seasonal allergies that require medical treatment?	___	___
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	___	___	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	___	___
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	___	___	31. Have you had any problems with your eyes or vision?	___	___
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	___	___	32. Do you wear glasses, contacts or protective eyewear?	___	___
8. Have you ever had a rash or hives develop during or after exercise?	___	___	33. Have you ever had a sprain, strain or swelling after injury?	___	___
9. Have you ever passed out during or after exercise?	___	___	34. Have you broken or fractured any bones or dislocated any joints?	___	___
10. Have you ever been dizzy during or after exercise?	___	___	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	___	___
11. Have you ever had chest pain during or after exercise?	___	___	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	___	___	___ Head	___ Elbow	___ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	___	___	___ Neck	___ Forearm	___ Thigh
14. Have you had high blood pressure or high cholesterol?	___	___	___ Back	___ Wrist	___ Knee
15. Have you ever been told you have a heart murmur?	___	___	___ Chest	___ Hand	___ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	___	___	___ Shoulder	___ Finger	___ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	___	___	___ Upper Arm	___ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	___	___	36. Do you want to weigh more or less than you do now?	___	___
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	___	___	37. Do you lose weight regularly to meet weight requirements for your sport?	___	___
20. Have you ever had a head injury or concussion?	___	___	38. Do you feel stressed out?	___	___
21. Have you ever been knocked out, become unconscious or lost your memory?	___	___	39. Have you ever been diagnosed with sickle cell anemia?	___	___
22. Have you ever had a seizure?	___	___	40. Have you ever been diagnosed with having the sickle cell trait?	___	___
23. Do you have frequent or severe headaches?	___	___	41. Record the dates of your most recent immunizations (shots) for:		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	___	___	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	___	___	Hepatitis B: _____ Chickenpox: _____		

**FEMALES ONLY (optional)**

42. When was your first menstrual period? \_\_\_\_\_  
 43. When was your most recent menstrual period? \_\_\_\_\_  
 44. How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_  
 45. How many periods have you had in the last year? \_\_\_\_\_  
 46. What was the longest time between periods in the last year? \_\_\_\_\_

Explain "Yes" answers here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

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