IMG ACADEMY CAMP FORMS PACKET

WEEKLY CAMP FORMS OVERVIEW

Congratulations! You have successfully reserved your space at IMG Academy, and you are well on your way to joining the prestigious IMG Academy alumni list, however, please be advised that the registration process is not yet complete. Only once you've completed all the required registration forms can you be cleared to participate in sport programming during your stay. Participants who arrive for their program without completing the required documentation to IMG Academy's satisfaction will not be permitted to take part in any physical training/activities. No credits or refunds will be provided.

ALL FORMS SHOULD BE SUBMITTED TO THE FORMS OFFICE VIA EMAIL AT FORMS@IMG.COM OR VIA FAX TO (941) 752-2630.

All individuals under the age of 21 must submit the required forms. Forms must be completed in English.

Please use the following checklist as a guideline to assist you in completing all forms.

Forms Checklist

- ☐ **Participant Health Records (pages 1-2)**
- ☐ **Physician's Report (pages 3-4)** *Must be completed on IMG Academy forms by physician in English.*
- ☐ **Consent for Treatment/Medical Insurance & Emergency Contact Form (page 5)**
- ☐ **Immunization Record (page 6)**
- ☐ **Waiver & Release (page 7)**
- ☐ **Agreement to Participate and Indemnification (page 8)**
- ☐ **Johns Hopkins All Children's Hospital Forms (pages 9-18)**

PARTICIPANT HEALTH RECORDS

PLEASE NOTE: THIS FORM MUST BE COMPLETED IN ENGLISH. THE PARTICIPANT HEALTH RECORDS/PHYSICIAN'S REPORT FORMS ARE DUE ANNUALLY. THIS PAGE IS TO BE COMPLETED BY THE PARENT/GUARDIAN.

Participant Name: _____ **Date of Birth:** _____ **Sport:** _____

Gender: _____ **Housing:** _____ **Participant Cell Phone:** _____

Does your child have any known allergies to food/medicine/other? ☐ No ☐ Yes, my child is allergic to: _____

What treatment should be given in the event of an allergic reaction? _____

Has your child ever had to use an EpiPen? ☐ No ☐ Yes **Does your child carry an EpiPen?** ☐ No ☐ Yes

HEALTH HISTORY:

If the Participant has a chronic medical condition such as asthma, diabetes, seizure disorder, hemophilia, severe allergies or a mental health disorder, please contact Health Services at 941-752-2479 to discuss these requirements prior to enrolling or making any travel arrangements to IMG Academy.

01	Diabetes Type: _____	Date: _____	☐ Yes*	☐ No
	**If yes, a Diabetic Care Plan from your participant's treating endocrinologist is required prior to arrival.*			
02	Asthma/Bronchitis Comments: _____	Date: _____	☐ Yes	☐ No
	a. If Yes, has your child: Been on oral steroids in the past year?	Date: _____	☐ Yes*	☐ No
	b. Been to the emergency room in the past year for asthma?	Date: _____	☐ Yes*	☐ No
	c. Been admitted to the hospital for an overnight stay in the last year?	Date: _____	☐ Yes*	☐ No
	**If yes to 2(a), 2(b), or 2(c), an Asthma Action Plan is required prior to your participant's arrival.*			
03	Does the Participant cough, wheeze, or have trouble breathing during or after activity?	Date: _____	☐ Yes	☐ No
04	Epilepsy/Seizure Disorder Comments: _____	Date: _____	☐ Yes	☐ No
05	Has the Participant ever had a diagnosed concussion?	Date: _____	☐ Yes	☐ No
	a. If YES, how many? _____			
	b. Within last 6 months, provide documentation of event and include doctor's clearance.			
06	Has the Participant ever experienced unconsciousness, memory loss or had a seizure as a result of a head injury?	Date: _____	☐ Yes	☐ No
07	Mononucleosis Comments: _____	Date: _____	☐ Yes	☐ No
08	Has the Participant or any family member ever had an adverse reaction to anesthesia (ex. malignant hyperthermia)?	Date: _____	☐ Yes	☐ No
09	Does the Participant have a history of or currently have an eating disorder?	Date: _____	☐ Yes	☐ No
10	Does the Participant have a history of or currently have any mental health issues (ex. depression, anxiety, stress, ADD/ADHD)?	Date: _____	☐ Yes	☐ No
	a. Does the Participant take medication related to a mental health issue? (Ex. anti-depressant, anti-anxiety, ADD/ADHD medications)?	Date: _____	☐ Yes	☐ No
	b. If YES, what medications? _____			
11	Has the Participant ever been referred/evaluated by a psychiatrist/psychologist?	Date: _____	☐ Yes	☐ No
12	Pneumonia Comments: _____	Date: _____	☐ Yes	☐ No
13	Sinusitis Comments: _____	Date: _____	☐ Yes	☐ No
14	Tonsillitis Comments: _____	Date: _____	☐ Yes	☐ No
15	Does the Participant have painful menstrual cycles? How is it treated? _____		☐ Yes	☐ No
16	Does the Participant have any current skin problems (ex. itching, rashes, acne, warts, fungus)?	Date: _____	☐ Yes	☐ No
17	Does the Participant have frequent or severe headaches or migraines?	Date: _____	☐ Yes	☐ No
18	Has the Participant ever had numbness or tingling in their arms, hands, legs, or feet?	Date: _____	☐ Yes	☐ No
19	Does your child take any medication by injection?	Date: _____	☐ Yes*	☐ No
	**If yes, provide the name of the medication and the reason:* _____.			
	Please call Health Services to discuss prior to arrival at (941) 752-2479. These must be approved by Health Services prior to your participant's arrival.			

Explain "YES" Answers: _____

_____

_____

PARTICIPANT HEALTH RECORDS

Participant Name: _____

THIS PAGE IS TO BE COMPLETED BY THE PARENT/GUARDIAN OR THE PARTICIPANT IF PARTICIPANT IS 18 OR OLDER.

SURGERIES OR HOSPITALIZATIONS

DATE	SURGERY	HOSPITALIZATION

CURRENT MEDICATIONS & SUPPLEMENTS:

Please list all medications, supplements and their dosages (including over-the-counter medications and supplements) that Participant is taking:

MEDICATION	DOSAGE	INSTRUCTIONS

MEDICATION & SUPPLEMENT REQUIREMENTS:

1. Campers must bring all medications to Health Services at time of check in for verification.

2. Campers who are in the VIA program will check all medication and supplements into Health Services at time of arrival. VIA campers will be escorted to Health Services by a member of the VIA staff for distribution of all medication and supplements.

3. Some prescription medications and nutritional supplements (found on the permissible supplement list) are able to be self-administered and kept in the participant's room once verified by Health Services except for VIAs.

a. The following are permissible medications that fall into this category: EpiPens, topical creams, cleansers, eye drops, inhalers, nasal sprays, oral contraceptives, insulin, ibuprofen, non-sedating and non-decongestant antihistamines including Zyrtec, Claritin, and Allegra, and throat lozenges/cough drops and other OTC medications approved by Health Services.

b. All permissible medications will be verified by Health Services and a permissible sticker will be placed on the bottle prior to the participant being able to keep the medication in their room.

c. Medications without a permissible sticker that are confiscated from a participant's room may be discarded by Health Services.

4. All prescription medications must have an official pharmacy label attached to the bottle/package written in English which includes the participant's name and instructions for distribution OR must be in its original package and accompanied by a physician's written order for administration in English. Prescription medications are dispensed according to the pharmacy label or the doctor's written orders only. Any changes to the dosage amount, frequency, etc., need to have a written order from the physician in English stating how the medication should be given.

5. Medication planners (weekly pill dispensers) are not allowed.

6. Participants should not bring over-the-counter medications to IMG Academy unless required by their physician. The following over-the-counter medications are available in Health Services on an as needed basis and after a nursing assessment: Ibuprofen, Acetaminophen, Imodium, Pepto-Bismol, Tums, Simethicone, Diphenhydramine, decongestant, cough drops, and Zyrtec.

7. If the participant carries an EpiPen we strongly recommend that an extra EpiPen be stored in Health Services during their stay at IMG Academy. Upon check in participants with an EpiPen will be given a tag to place on his/her sports bag indicating that there is an EpiPen inside.

8. If the participant is taking any injectable medications these must be approved by Health Services prior to the participant's arrival. Participant must be able to self-administer under observation of Health Services.

9. Any medications or supplements not collected by the participant from Health Services at the end of camp may be discarded.

PERMISSIBLE SUPPLEMENTS (Protein/Muscle Performance):

WHEY PROTEIN
- Gatorade ESSNTL™ Whey Isolate Protein Powder
- Gatorade Recover® Whey Protein Powder
- Klean Isolate™
- Garden of Life® Sport Grass Fed Whey
- BiPro® Whey Protein Isolate
- BiPro® Protein Water
- Muscle Milk® 100% Whey
- Thorne Whey Protein Isolate®
- Biosteel Whey Isolate®

PROTEIN & CARB COMBOS
- Gatorade Recover® Shakes
- Muscle Milk® (Organic, Genuine, Collegiate, & Light varieties)
- BioSteel: Recovery Formula®
- Cheribundi Tart Cherry Rebuild®

CASEIN PROTEIN
- Thorne RecoveryPro®

VEGAN PROTEIN
- Vega Sport Performance Protein

VITAMINS/MINERALS:
- **Multivitamins - All brands of multivitamins are allowed in the dorms.**
- **Single vitamins and minerals are not allowed in the dorms with the exception of Vitamin C.**

ORTHOPEDIC HISTORY:

Please provide any previous injuries the Participant has suffered: Include dates, surgeries, special tests (CAT scan, x-ray, MRI, etc), right or left body part.

BODY PART	INJURY	DATE	TESTS OR SURGERIES

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 Participant 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 the Participant, please include a copy with this form.

_____ _____

Signature of Parent/Guardian or Participant (if Participant is 18 or Older) Date of Completion

_____

Please print name

PHYSICIAN'S REPORT

Participant Name: _____

IMG ACADEMY PHYSICIAN'S REPORT MUST BE COMPLETED BY PHYSICIAN IN ENGLISH

Based upon Florida statutes, any health professional who is licensed in Florida or the state/country the Participant 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. A health professional includes an individual who is a licensed M.D., D.O., Physician's Assistant/P.A., or Nurse Practitioner/ ARNP.

EXAMINATION DATE: _____

RECENT ORTHOPEDIC HISTORY (required)

1. Has the Participant had any orthopedic injuries within the last six months? ☐ Yes ☐ No Date: _____
   a. **If YES,** please specify the injury: _____
   b. **If YES,** does the Participant have clearance to resume participation in sport in returning from the injury? ☐ Yes ☐ No

RECENT CONCUSSION HISTORY (required)

1. Has the Participant had a diagnosed concussion within the last six months? ☐ Yes ☐ No Date: _____
   a. **If YES,** does the Participant have clearance to resume participation in sport in returning from the concussion? ☐ Yes ☐ No

PHYSICAL EXAM

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

Teeth:	Scalp:	GI System:
Glands:	Extremities:	Vital Signs:
Lungs:	Eyes:	Menses:
Skin:	Ears:	Chest X-Ray:
Heart:	Abdomen:	Other:
Abnormal explained:		

SCREENING TESTS

Height:	Weight:		BP:	P:	
Vision Distance Acuity:	Right _____	Left _____	With Correction	Wears Glasses ☐ Yes	☐ No
	Right _____	Left _____	Without Correction	Wears Contacts ☐ Yes	☐ No

TUBERCULOSIS SCREENING (MANTOUX PPD SKIN TEST)

Have you been experiencing any of the following signs and symptoms that may be associated with tuberculosis?
(Anyone with a "Yes" response will require a TB test or chest x-ray)

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

Date of Test:	Date Read:	2nd Test Required: ☐ Yes ☐ No
Site:	Results in MM:	Date of 2nd Test:
By:	By:	Site:
Manufacturer:		By:
Lot #:	Results in MM:	Expiration Date:

PHYSICIAN'S REPORT

Participant Name: _____

CARDIAC EVALUATION (REQUIRED)

IMG Academy has adopted the American Heart Association's Recommendations for Pre-Participation Screening. **For "yes" answers, Participant must provide a letter of clearance from a cardiologist prior to Participant's travel to IMG.** *Personal Medical History and Family Medical History sections may be completed by a parent/guardian. Please contact the Forms Office at (941) 752-2445 with any questions.*

PERSONAL MEDICAL HISTORY (Please see above for any "Yes" response)			COMMENTS
Exertional chest pain/discomfort	☐ Yes	☐ No	
Unexplained Syncope (fainting)	☐ Yes	☐ No	
Excessive exertional and otherwise unexplained dyspnea/ (shortness of breath)/fatigue associated with exercise	☐ Yes	☐ No	
Elevated blood pressure	☐ Yes	☐ No	
Has the participant been restricted from participation in sports for any reason other than injury?	☐ Yes	☐ No	
Has the participant had prior cardiac testing for ordered by a health care provider?	☐ Yes	☐ No	

FAMILY MEDICAL HISTORY (Please see above for any "Yes" response)			COMMENTS
Premature death (sudden or otherwise) related to heart disease in a first or second degree relatives younger than 50 years (Parents, siblings, grandparents, aunts/uncles, nephews/nieces, or half-siblings).	☐ Yes	☐ No	
Disability from heart disease in a first or second degree relative younger than 50 years (Parents, siblings, grandparents, aunts/uncles, nephews/nieces, or half-siblings).	☐ Yes	☐ No	
Specific knowledge of hypertrophic or dilated cardiomyopathy, ion channelopathies such as long QT syndrome, Marfan Syndrome, or clinically important arrhythmias in any relative.	☐ Yes	☐ No	

PHYSICAL EXAMINATION (Must be completed by a health professional - Please see above for any "Yes" response)			COMMENTS
Heart murmur	☐ Yes	☐ No	
Aortic Coarctation noted on Femoral Pulse Exam	☐ Yes	☐ No	
Physical stigmata of Marfan syndrome	☐ Yes	☐ No	
Abnormal Brachial artery blood pressure (sitting position)	☐ Yes	☐ No	

Additional information the examiner believes should be brought to the attention of IMG Academy to enable the Participant to participate in athletics or to provide for Participant's well being: _____

_____

I understand that IMG Academy programs may include vigorous physical activities and exertion, which can occur in a sunny, hot and humid environment in Florida. I have discussed both page 3 and page 4, including the "Cardiac Evaluation" (above), with the Participant and parents, performed a physical examination and believe he/she is physically able to participate in athletic and sports activities as described with unrestricted clearance.

Physician's Name (Print): _____

Physician's Signature: _____

Address: _____ Date _____

City, State, Zip: _____

Phone: ( ) _____

IMMUNIZATION RECORD

Participant Name: _____ **Date of Birth:** _____

MUST BE COMPLETED IN ENGLISH. NEW PARTICIPANTS MUST COMPLETE IN FULL. RETURNING PARTICIPANTS SUBMIT UPDATES ONLY. All participants must have documented immunizations as recommended by the CDC (see below). Immunization documentation must be submitted and reviewed for completeness prior to attendance. If immunizations are not up to date at the time of arrival to IMG the Participant may be required to obtain immunizations at the Participant's cost in order to participate in programs or reside in participant housing. Immunizations can be obtained by the Participant's health care provider or the Health Department.

IMMUNIZATIONS	DATES RECEIVED (MM/DD/YYYY)				
DPT (diptheria, tetanus, pertussis) or TD (tetanus, diptheria) 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					

In order to maximize your child's experience at IMG Academy, our receipt of the above information is essential.

If we do not have record of the referenced vaccinations prior to your child's arrival on campus, and during your child's stay at IMG Academy, a measles, meningitis, or other outbreak occurs or is threatened to occur, your child will be quarantined, or removed from campus, for so long as our Health Services partner, John's Hopkins All Children's Hospital (JHACH), deems appropriate in order to minimize the risk of spreading.

_____ _____

Signature of Person Completing Immunization Record | Date of Completion

_____

Please Print Name

CONSENT FOR TREATMENT & MEDICAL INSURANCE

CONSENT FOR TREATMENT

This is to certify that the staff of IMG Academy and Johns Hopkins All Children's Hospital (medical provider at IMG Academy) is being given authority by me, the custodial parent/legal guardian:

_____ of _____
(Print Name of Parent or Guardian) (Print Name of Participant)

to arrange 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.

Participant's home address: _____

City: _____ **State:** _____ **Zip/Postal Code:** _____ **Country:** _____

Home phone #: _____ **Cell #:** _____ **E-mail:** _____

List any specific medical information (i.e. allergic reaction to certain drugs, medications) that a physician should be aware of when treating Participant:

_____

_____

Parent Signature: _____ **Date:** _____

Participant Signature (If age 18 or Older): _____ **Date:** _____

INSURANCE INFORMATION: Please provide a copy of front and back of insurance card and return it with this form.

Please Note: Medical fees will be charged to your credit card on file, if your insurance is not accepted by the medical provider.

Insurance Company: _____ Name of Policy Holder: _____

Birth Date of Policy Holder: _____ Group/Policy #: _____ Relationship to insured: _____

Insurance Company Address: _____ Insurance Company Phone Number: _____

EMERGENCY CONTACTS & CUSTODIAL INFORMATION

EMERGENCY CONTACTS (PLEASE PROVIDE TWO):

Name: _____ Relationship to Participant: _____

English Speaker: ☐ Yes ☐ No If no, what language? _____ Country to be called: _____

Home #: _____ Cell # _____ Email: _____

Name: _____ Relationship to Participant: _____

English Speaker: ☐ Yes ☐ No If no, what language? _____ Country to be called: _____

Home #: _____ Cell # _____ Email: _____

CUSTODIAL PARENT INFORMATION (NOT APPLICABLE IF PARTICIPANT IS AGE 18 OR OLDER):

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

Custodial Parent/Guardian: _____ Country/State of Residence: _____ Date of Birth _____

Type of custody order issued: _____ State/Country where order was issued: _____

Note: Unless a contrary custody order is provided to IMG Academy, either parent may receive the Participant's information.

WAIVER AND RELEASE

PARTICIPANT NAME (PLEASE PRINT): _____ **DATE OF BIRTH:** _____

WAIVER AND RELEASE: In consideration for IMG Academy, LLC 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 Academy, LLC, Participant and each Parent/Guardian (as applicable throughout), on behalf of Participant and on behalf of themselves (hereinafter "Releasors"), hereby release IMG Academy LLC, its affiliated companies and all of its members, directors, officers, employees, volunteers, sponsors, independent contractors or agents ("IMG"), from any liability, claims, actions, damages, costs, expenses or lawsuit whatsoever, arising out of the inherent risks of any activity in which Participant will be participating. The scope of this Waiver and Release shall include, but is not limited to, any damages, losses or injuries in connection with transportation, food, lodging, medical concerns (physical and emotional), entertainment, photographs, athletic activities and physical injury of any kind that arise from any inherent risk of any activity in which Participant will be participating. Releasors further agree that this Waiver and Release shall remain effective throughout Participant's enrollment in any IMG program or participation on its property or using its facilities at any time. This provision shall be interpreted as broadly as permitted by F.S.A. 744.301 or other applicable Florida law.

ACKNOWLEDGMENT: Releasors acknowledge that Releasors received the opportunity to review this Waiver and Release. Releasors further acknowledge to have carefully read and fully understand the contents of this Waiver and Release and have asked and received answers to all questions Releasors may have and that Releasors have duly executed this Waiver and Release freely and voluntarily, intending and agreeing to be fully bound by the terms. If any portion is held invalid, the remaining portion of the Waiver and Release will continue in full legal force and effect.

ARBITRATION/DISPUTE RESOLUTION: All claims or disputes between Releasors and IMG, including those arising out of or related to this Waiver and Release or arising out of or related to Participant's activities with IMG such as, without limitation, any claim based on breach of contract, breach of duty, negligence, gross negligence, fraud, or misrepresentation (collectively the "Disputes") will be resolved through binding, confidential arbitration conducted in or near Bradenton, Florida in accordance with the then- current Consumer Arbitration Rules of the American Arbitration Association ("AAA"). No claims may be brought in any forum on behalf of any putative class. The costs of any arbitration brought by IMG to enforce any provision of this Waiver and Release, including but not limited to attorneys' fees, shall be reimbursed by the Releasors to the extent that IMG is the prevailing party. Disputes in which more than $250,000 is at issue will be heard by a panel of three neutral arbitrators; others will be heard by a single neutral arbitrator. For purposes of confirming any award rendered pursuant to this arbitration provision, Releasors hereby consent to the jurisdiction of the courts of Manatee County, Florida and the United States District Court for the Middle District of Florida.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF IMG USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM IMG IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PARTY OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND IMG HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Participant Name (Please Print): _____

Participant Signature: _____ **Date:** _____

Parent 1 Signature (If Participant is under 18): _____ **Date:** _____

Parent 2 Signature (If Participant is under 18): _____ **Date:** _____

AGREEMENT TO PARTICIPATE & INDEMNIFICATION

INDEMNIFICATION: In further consideration for IMG Academy, LLC accepting the enrollment of Participant in a program and/or permitting Participant access to or use of its facilities, Participant and each Parent/Guardian, on behalf of Participant hereby agree to defend and indemnify IMG Academy LLC, its affiliated companies and all of its agents, members, directors, officers, employees, volunteers, sponsors, independent contractors, or agents ("IMG"), from any liability, claims, demands, lawsuits, or damages, including attorney fees, brought by any third party for personal injuries or property damage, arising out of, or in any way connected to the active or passive negligence, gross negligence, recklessness, intentional conduct and/or criminal conduct of Participant and/or Participant's guests, relatives, or family members. This indemnification is not limited to activities occurring on IMG premises, but encompasses all conduct by Participant and/or Participant's guests, relatives, or family members for which a third party seeks to hold IMG liable, whether occurring on or off of IMG property. This indemnification shall not apply to the extent any claims relate to IMG's active or passive negligence.

ACTIVITY PERMISSION: I hereby give Participant permission to participate in all athletic, social and educational activities offered through IMG, on-campus and off-campus, such as, without limitation, the following: (i) permission to go to off-campus social activities, including visits to the beach, theme parks, shopping malls and other entertainment venues and other activities; (ii) permission to attend local restaurants and other local venues (Wal-Mart, Best Buy, etc.); (iii) permission to play golf at the IMG Academy Golf and Country Club and at other local courses; (iv) permission to participate in sports product testing; and (v) permission to participate in sports activities and play which may not be supervised by IMG staff or under its control (e.g. biking, pickup basketball games, swimming, etc.).

ASSUMPTION OF RISKS: Physical activity, by its very nature, carries with it certain inherent dangers and risks that cannot be eliminated regardless of the care taken to prevent or minimize harm. IMG has facilities for various sport-specific activities such as soccer, golf, tennis, baseball, lacrosse, football and basketball, and related activities such as physical training, running, weight training, 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 surface types; and others involve sustained physical activity that places stress on the cardiovascular and nervous systems. The specific inherent risks vary from one activity to another, but in each activity there are inherent risks, dangers or conditions, both known and unknown, which are characteristic of, intrinsic to, or an integral part of the activity and which are not eliminated even if IMG acts with due care in a reasonably prudent manner. Those inherent risks may include, without limitation, (1) minor injuries such as cuts, sunburns, insect bites, bruises, muscle strains and sprains; (2) major injuries such as broken or fractured bones, concussions, or lost teeth; or (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. 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 risks inherent in recreational athletic, or entertainment activities operated by third parties in which Participant elects to engage (such as theme parks, fun zones, movies, concerts, boat rides, etc.), and exposure to risks related to receipt of treatment for any physical or mental condition.

ID CARD DISTRIBUTION POLICY & PROPERTY DAMAGE: Participant understands that the cost of replacing an ID card is $10. Participant also understands that Participant is not permitted to lend Participant's ID card to anyone at any time. Participant and each Parent/Guardian agree to and hereby authorize a charge by IMG against the credit card on file whenever necessary to cover costs of any property damages caused by the Participant to Participant's room or any other IMG property.

MEDIA RELEASE AND CONSENT: Participant and each 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 a Parent/Guardian and release IMG and its licensees from all claims related to use of the Recordings.

ACKNOWLEDGMENT OF RULES, POLICIES, AND STANDARDS OF CONDUCT: Participant and each Parent/Guardian understand that IMG has rules and standards of conduct that are applicable to participants which include IMG Academy Rules for All Campers; Acceptable Use Policy for Electronic Devices; Use of Drugs, Alcohol, Substances; Testing, and Dismissal Policy. Participant and each Parent/Guardian agree to abide by these rules, standards, and policies for the safety of all participants, guests and employees. Any consequences that come as a result of violating the rules and standards are at the discretion of IMG. Any dismissal or suspension due to a violation will not result in a refund and dismissed participants must immediately depart.

By initialing next to the policies listed below, Participant and Parent/Guardian confirm that they fully understand each policy item and agree to abide by the terms set forth in the *IMG Academy Rules of All Campers* document found at https://www.imgacademy.com/camp-resources.

Initial Below:

_____ **IMG Academy Rules for All Campers**

_____ **Acceptable Use Policy for Electronic Devices**

_____ **Use of Drugs, Alcohol, Substances; Testing:** I hereby consent to having samples of my Participant's 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 Academy.

_____ **Dismissal Policy**

ACKNOWLEDGMENT OF UNDERSTANDING: Participant and each Parent/Guardian acknowledge that they each have received the opportunity to review this Agreement to Participate & Indemnification ("Agreement") 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 inherent injuries, illnesses and other related risks which may occur as a result of such activities and/or treatment for any physical or mental condition that Participant may participate in at IMG. Participant and each Parent/Guardian hereby agree and acknowledge that participation in a sport program or other activity at IMG and use of IMG facilities and services is voluntary and that Participant and each Parent/Guardian knowingly assume all inherent risks in such activities. Participant and each Parent/Guardian further acknowledge to have carefully read and fully understand the contents of this Agreement and have asked, or had the opportunity to ask, and received answers to all questions they may have had, and that Participant and each Parent/Guardian, have duly executed this Agreement freely and voluntarily, intending and agreeing to be fully bound by the terms. If any portion is held invalid, the remaining portion of this Agreement will continue in full legal force and effect. Participant and each Parent/Guardian have read this Agreement and fully understand its terms. This provision shall be interpreted as broadly as permitted by F.S.A. 744.301 or other applicable Florida law.

Participant Name (Please Print): _____ **Date of Birth:** _____

Participant Signature: _____ **Date:** _____

Parent 1 Signature (If Participant is under 18): _____ **Date:** _____

Parent 2 Signature (If Participant is under 18): _____ **Date:** _____

JOHNS HOPKINS
MEDICINE
JOHNS HOPKINS
ALL CHILDREN'S HOSPITAL

John's Hopkins All Children's Hospital Services at IMG Academy

John Hopkins All Children's Hospital provides the on campus health care services for camp participants at IMG Academy. Care provided includes first aid, nursing evaluations and distribution of medication and supplements that are not permissible in the participant's room. Health Services staff of nurses are available 24 hours a day to address your participant's medical needs. If escalation of care is deemed necessary by the nursing staff, the decision will be made to have the participant evaluated at the next available on-campus physician appointment, urgent care center, or the emergency room. If the physician determines that imaging, laboratory, or pharmacy services are necessary this will be arranged through off-campus affiliates. If you have any questions, please feel free to contact us at 941-752-2479 or email jhach.imghs@jhmi.edu.

Infection Control Procedures:

We ask that any camper report to Health Services for an evaluation if:

- The camper has fever
- The camper has a sore throat with or without fever
- The camper develops redness in one or both eyes
- The camper has unexplained itching of the scalp
- The camper develops a rash, bumps, or an abscess on the skin

It is the Policy of Health Services that any camper diagnosed with fever, influenza, strep throat, pink-eye, head lice, and skin infections will be kept in health services until proper treatment has been initiated and criteria has been met to be discharged in order to limit the spread of infection from an infected camper to other members of the IMG community.

Concussion Policy:

IMG Academy follows the State of Florida's recommendations for athletes to complete a 5 day gradual return to play protocol after being cleared from a concussion. This means that if your camper is diagnosed with a concussion he/she will not be able to return to full contact sport including competitions for at least 5 days from the time their concussion has resolved as determined by the on campus physician.

Authorization to Release Medical Information to IMG Academy, LLC

Please contact Release of Information at 727-767-4048 with questions.
Completed forms can be faxed to 727-767-8312 for processing.

I hereby authorize Johns Hopkins All Children's Hospital, Inc., Pediatric Physicians Services, Inc. d/b/a All Children's Specialty Physicians, and affiliated entities and providers (collectively "JHACH") to release medical, psychological, psychiatric, developmental rehabilitative alcohol and/or drug abuse, human immunodeficiency virus (HIV) testing and treatment, ARC (AIDS related condition),and/or acquired immunodeficiency syndrome (AIDS) information to IMG Academy, LLC ("IMGA"), including IMGA staff and personnel, as needed for the following purposes: for the welfare, safety, and health of the patient; to ensure compliance and medical clearance; to further communications between IMGA staff and parent(s)/legal guardian(s) related to medical or psychological problems or form deficiencies; for operational reviews and policy recommendations related to nutrition, supplements, disease, vaccination, exposure to sun and heat, etc.; to provide education to staff and patients on health-related topics; for the development of athletic performance; and/or for the management and payment of claims, deductibles, and co-payments for patients.

Patient Name: _____ Date of Birth: _____

Covering periods from: _____

Release to: IMG Academy, LLC ("IMGA") including all IMGA staff
5500 34th Street West
Bradenton, FL 34210

Records to be released: I agree to the release of all medical records, including if applicable and without limitation, progress notes, treatment recommendations, outpatient care clinic records, health services records, developmental rehabilitative services records, history and physicals, discharge summaries, abstracts, pathology and laboratory reports, and any other medical records related to the patient identified above.

I understand that all medical, surgical, psychiatric, and psychological information is confidential and that patient records are the property of JHACH and its related corporate entities. I will not hold JHACH, its employees, staff, or representatives responsible for any damage, mental or physical, which may be caused by the release of patient records and the information contained therein, as herein authorized.

I understand that my authorization for release may be revoked at any time by written request to JHACH, but may not be revoked to include the releases already made or actions JHACH has already taken in reliance of this authorization. Also, if this authorization is permission for JHACH to disclose information to an insurance company, in order for me to obtain insurance coverage, the insurance company may still have the legal right to use the information to contest my coverage.

I understand that the person or organization that receives the information because of this authorization may disclose this information to other people or organizations without my knowledge or consent.

I understand I can refuse to sign this authorization and I do not need to sign this authorization to receive treatment services from JHACH.

Parent/Legal
Guardian/Patient: _____ Date: _____ Time: _____
(must be 18 years old to sign as Patient) Signature

Relationship to Patient: _____

JOHNS HOPKINS ALL CHILDREN'S HOSPITAL

AUTHORIZATION FOR ROUTINE DIAGNOSTIC PROCEDURES AND MEDICAL TREATMENT
(IMG Academy, LLC Use Only)

I give permission to Johns Hopkins All Children's Hospital, Inc. ("JHACH") and each of its related entities, and the physicians caring for the named patient to provide medical and, nursing care, diagnostic procedures and emergency treatment as they believe necessary or advisable in the diagnosis and treatment of the patient. I understand that imaging technology, including but not limited to videotapes, photographs of patient care, may be used during the course of treatment.

I understand that the practice of medicine is not an exact science and that diagnosis and treatment may involve risks or injury, or even death. I understand that no guarantee or promise has been made to ensure treatment results.

I understand that many physicians, physician assistants, nurse practitioners, and other health care professionals may be involved in providing care and may not be directly employed by JHACH. I also understand that JHACH may delegate or refer health care duties or responsibilities to independent physicians, physician's assistants, therapists, nurse practitioners or other health care professionals. I agree that when JHACH delegates these health care duties and responsibilities to independent persons, JHACH is not responsible for the conduct of such persons; and I discharge JHACH from any duty to provide the delegated care. Further, I realize that these caregivers may be training others who may be present during care as part of their education.

Should it be necessary to transport me/my child to other health care facilities for emergent, non-emergent medical and/or mental health care, treatment, or diagnostic purposes, I hereby authorize transport and any necessary treatment during transport. Such transport will be by JHACH transport or coordinated by JHACH through an outside transport company. All transfers have the inherent risk of traffic delays, accidents during transport, inclement weather, rough terrain or turbulence, and the limitations of equipment and personnel present in the vehicle.

I understand that any information regarding me/my child's evaluation and treatment may be gathered for research and/or teaching purposes.

_____ I have been provided with the Johns Hopkins All Children's Hospital Notice of Privacy Practices.
(Initial here)

_____ I have been provided with the Johns Hopkins All Children's Patient Rights and Responsibilities
(Initial here)

This form has been fully explained to me, and I am satisfied that I understand this consent and have signed in the capacity indicated below.

- ☐ As an adult.
- ☐ As a parent consenting for his or her minor child.
- ☐ As a legal guardian consenting for his or her ward.
- ☐ As an adult, in the absence of a parent, consenting for the patient (parental permission on file).
- ☐ As a person, in the absence of a parent, having power of attorney covering consent for his patient (parental permission on file).
- ☐ As foster parent consenting for routine medical or emergency room treatment (foster care placement letter on file).

_____
(Print Patient Name)

_____
(Adult Patient or Parent/Legal Guardian Signature) (Date) (Time)

_____
(Print Name) (Relationship)

JOHNS HOPKINS ALL CHILDREN'S HOSPITAL, INC.
FINANCIAL AGREEMENT
(For IMG Academy LLC use only)

Patient/Participant Name:_____
Policyholder Name:_____
Policyholder's Relationship to Patient/Participant:_____

I. HMO/PPO/INSURANCE STATEMENT: As policyholder, I agree that if the patient/participant is covered by any insurance company, Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), or other third party payer, I shall inform Johns Hopkins All Children's Hospital, Inc. ("JHACH") and/or any physician group rendering services, of such information and shall provide them with the appropriate identification card prior to or upon rendering of treatment by JHACH on the IMGA campus.

I agree to pay for any and all charges not covered or fully covered by the insurance, HMO, PPO, or third party payer, which covers the patient/participant, including but not limited to co-payments, deductible, out of plan services rendered by a nonparticipating provider and non-covered services regardless of whether determination of non-coverage is justified or mistaken.

I agree to pay for the total charges (balance in full) if admission/service is denied by my insurance, HMO, PPO or other payer for any reason whether such denial is justified or mistaken.

I also agree that, regardless of any collection action, the responsibility to perform any and all other actions necessary to obtain payment from any insurer, HMO, PPO, or other payer shall remain at all times with the policyholder as provided in such policy.

II. RELEASE OF MEDICAL INFORMATION: I hereby authorize Johns Hopkins All Children's Hospital, Inc. and each of its related entities, and any physician group rendering services, including Pediatric Physicians Services, Inc. (PPS) or, All Children's Specialty Services ("ACSP"), to disclose all or any part of the patient's/participant's record to any person or corporation for purposes of payment or health care operations. This means that information from the patient's/participant's medical record may be furnished as necessary to process claims, obtain reimbursement or payment, for all or part of the charges from an insurer, HMO, PPO, ERISA plan, employer, or other third party payer.

III. ASSIGNMENT OF INSURANCE BENEFITS: I hereby authorize, assign and direct any and all third parties to pay benefits, including insurance benefits otherwise payable with respect to the patient/participant, to the hospital or any physician group rendering services, such as PPS or ACSP. This irrevocable assignment to the hospital or physician group shall apply to all benefits under any policy of insurance, indemnity agreement, or any other collateral source for any service provided to the patient/participant. It is my express desire that Johns Hopkins All Children's Hospital, Inc. and the treating physicians be paid before any benefits are paid to me, the patient/participant, or my attorney. I understand that I am fully responsible for any balance not paid by the insurers or other payers, and I agree to pay any outstanding balance including co-payments, and deductible amounts. If the patient/participant's account has to be referred to a collection agency, I will pay all costs of the collection, including reasonable attorney's fees. I agree that the assignment of insurance monies does not alter my obligation to pay, and I understand that the filing of claim for payment with an insurance carrier or other third-party payer is not equivalent to payment, but only an accommodation for my benefit.

IV. GUARANTEE OF PAYMENT: I agree to pay for all charges for services ordered on behalf of the patient/participant, by physicians attending the patient/participant, and agree to pay all charges at the time of service or upon receipt of statement. I understand that I am responsible for any costs incurred in the collection of the patient's/participant's account(s) in case of default, including reasonable attorney fees and/or court costs.

I understand that some of the physicians, physician assistants, or associates caring for the patient/participant may not necessarily be agents, servants or employees of Johns Hopkins All Children's Hospital, Inc., but are independent contractors. Further, I realize that I am additionally responsible for charges for physician and ancillary services ordered on behalf of the patient/participant and I understand that these charges may be billed separately from Johns Hopkins All Children's Hospital's charges.

V. STATEMENT OF TRUTHFULNESS: I state that any and all of the information provided to Johns Hopkins All Children's Hospital, Inc., and other treating physicians concerning any financial information, insurance information and any information concerning coverage under any type of health plan is true and correct. I further understand and acknowledge that if any of the information I provide Johns Hopkins All Children's Hospital, Inc., or the physicians is in any way incorrect or untrue, then I may be liable for damages and penalties for violating this agreement and Florida law, including but not limited to Florida Statute § 817.50 which prohibits a person from fraudulently obtaining service from a hospital.

_____ _____
Signature of Policyholder Date

_____ _____
Signature of Guarantor/Relationship to Patient/Participant (If other than policyholder) Date

JOHNS HOPKINS MEDICINE
JOHNS HOPKINS ALL CHILDREN'S HOSPITAL

NOTICE OF PRIVACY PRACTICES

Effective Date: October 12, 2017

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Most patients treated by Johns Hopkins All Children's Hospital, Inc. are minors. Please read the terms "you & your" to also mean your child.

Your Healthcare Provider of Choice

This Notice applies to Johns Hopkins All Children's Hospital, Inc.; Johns Hopkins All Children's Outpatient Care Centers; Kids Home Care, Inc. d/b/a Johns Hopkins All Children's Home Care; West Coast Neonatology, Inc. and Pediatric Physician Services, Inc. (collectively "All Children's Specialty Physicians"); All Children's Research Institute, Inc., and associated retail pharmacies and other corporations owned or controlled by Johns Hopkins All Children's Hospital, Inc., or All Children's Health System, Inc., if they provide health services (collectively referred to as "Johns Hopkins All Children's"). Johns Hopkins All Children's may be referred to as "we", "us", or "our."

Our Pledge Regarding Your Medical Information

Johns Hopkins All Children's is committed to protecting the privacy of medical information we create or obtain about you. This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information. We are required by law to: (i) make sure your medical information is protected; (ii) give you this Notice describing our legal duties and privacy practices with respect to your medical information; and (iii) follow the terms of the Notice that is currently in effect.

Who Will Follow This Notice

The privacy practices described in this Notice will be followed by all health care professionals, employees, medical staff, trainees, students and volunteers of the Johns Hopkins All Children's organizations specified in the first section of this Notice.

How We May Use and Disclose Medical Information About You

The following sections describe different ways we may use and disclose your medical information. We abide by all applicable laws related to the protection of this information. Not every use or disclosure will be listed.

All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories:

Treatment. We may use or disclose medical information about you to provide you with medical treatment or services. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. We may also share medical information about you with other Johns Hopkins All Children's personnel or non-Johns Hopkins All Children's health care providers, agencies or facilities in order to provide or coordinate the different things you need, such as prescriptions, lab work and X-rays, or transportation.

Payment. We may use and disclose medical information about you so that the treatment and services you receive at Johns Hopkins All Children's or from others, such as an ambulance company, may be billed to you and payment collected from you, an insurance company or another third party. For example, we may need to give information to your health insurance company about surgery you received at Johns Hopkins All Children's so your health insurance company will pay us or reimburse you for the surgery.

Health care operations. We may use and disclose medical information about you for Johns Hopkins All Children's operations. These activities include, but are not limited to, quality improvement, development of care guidelines, and education. These uses and disclosures are made to enhance quality of care and for medical staff activities, Johns Hopkins All Children's health-sciences education and other teaching programs, and general business activities. For example, we may disclose information to doctors, nurses, technicians, medical and other students, and other Johns Hopkins All Children's personnel for performance improvement and educational purposes or we may share information with Johns Hopkins All Children's corporate security to maintain the safety of our facilities.

Health information exchange. Johns Hopkins All Children's participates in one or more Health Information Exchanges ("HIE") that allow us to share information that we obtain or create about you with other health care providers or other health care entities, as permitted by law. For example, information about your past medical care and current medical conditions and medications can be available to us or to your non-Johns Hopkins All Children's primary care physician or hospital, if they participate in the same HIE. Exchange of health information can provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You will have the chance to opt-in to participate in the HIE at the time of registration.

Fundraising activities. We may share information with the Johns Hopkins All Children's Foundation ("Foundation"). The Foundation may use this information to contact you to provide information about Johns Hopkins All Children's-sponsored activities, including fundraising programs and events to support research, education or patient care at Johns Hopkins All Children's. For this purpose, we may use your contact information, such as your name, address, phone number, the dates on which and the department from which you received treatment or services at Johns Hopkins All Children's, your treating physician's name, your treatment outcome and your health insurance status. If we do contact you for fundraising activities, the communication you receive will have instructions on how you may ask for us not to

Notice of Privacy Practices for Health Care Providers, continued

contact you again for such purposes, also known as an "opt-out." If you prefer to opt-out and not be contacted for fundraising efforts, you may also notify the Local Privacy Officer in writing at the address listed at the end of this Notice

Hospital directory (hospitals only). If you are hospitalized, we may include certain limited information about you in the hospital directory. Directory information is released to people who ask for you by name. This is so that your family and friends can visit you in the hospital. If you want to opt-out and do not want us to include your information in the directory, you must tell us during the registration process. If you fail to tell us, you will be included in the directory. If you decide to opt out after registration you may notify registration or the Local Privacy Officer in writing at the address listed at the end of this Notice.

Research and related activities. Johns Hopkins All Children's conducts research to improve the health of people throughout the world. All research projects conducted by Johns Hopkins All Children' must be approved through a special review process to protect patient safety, welfare and confidentiality. We may use and disclose medical information about our patients for research purposes under specific rules determined by the confidentiality provisions of applicable law. In some instances, federal law allows us to use your medical information for research without your authorization, provided we get approval from a special review board. These studies will not affect your treatment or welfare, and your medical information will continue to be protected.

Additional uses and disclosures of your medical information. We may use or disclose your medical information without your authorization (permission) to the following individuals, or for other purposes permitted or required by law, including:

• To tell you about, or recommend, possible treatment alternatives

• To inform you of benefits or services we may provide

• For public health purposes, including reporting suspected abuse or neglect

• In the event of a disaster, to organizations assisting in a disaster-relief effort so that your family can be notified of your condition and location

• As required by state and federal law

• To prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person

• To authorized federal officials for intelligence, counterintelligence or other national security activities

• To coroners, medical examiners and funeral directors, as authorized or required by law as necessary for them to carry out their duties

• To the military if you are a member of the armed forces and we are authorized or required to do so by law

• For workers' compensation or similar programs providing benefits for work-related injuries or illnesses

• To authorized federal officials so they may conduct special investigations or provide protection to the U.S. President or other authorized persons

• If you are an organ donor, to organizations that handle such organ procurement or transplantation or to an organ bank, as necessary to help with organ procurement, transplantation or donation

• To governmental, licensing, auditing and accrediting agencies

• To a correctional institution as authorized or required by law if you are an inmate or under the custody of law-enforcement officials

• To third parties referred to as "business associates" that provide services on our behalf, such as billing, software maintenance and legal services

• Unless you say no, to anyone involved in your care or payment for your care, such as a friend, family member, or any individual you identify

• To courts and attorneys when we get a court order, subpoena or other lawful instructions from those courts or public bodies or to defend ourselves against a lawsuit brought against us

• To law enforcement officials as authorized or required by law

Other uses of medical information.
Other uses and disclosures of medical information not covered by this Notice will be made only with your written authorization. Most uses and disclosures of psychotherapy notes and uses and disclosures for marketing purposes fall within this category and require your authorization before we may use your medical information for these purposes. Additionally, we are not allowed to sell your medical information without your written authorization. If you provide us authorization to use or disclose medical information about you, you may revoke (withdraw) that authorization, in writing, at any time. However, uses and disclosures made before your withdrawal are not affected by your action and we cannot take back any disclosures we may have already made with your authorization.

Use of e-mail and other electronic communications. If you choose to communicate with us via email, we may respond to you in the same manner in which the communication was received and to the same email address from which you sent your email. Before using email to communicate with us, you should understand that there are certain risks associated with the use of email. It may not be secure, which means it could be intercepted and seen by others. In addition, there are other risks associated with use of email, such as misaddressed/misdirected messages, email accounts that are shared with others, messages that can be forwarded on to others, or messages stored on portable electronic devices that have no security. Text messaging presents similar risks and if you choose to contact us via text messaging, we may respond to you in the same manner or choose to refrain from text messaging with you or otherwise limit the information included if we are not able to verify your identity. Additionally, you should understand that use of email and/or other electronic communications is not intended to be a substitute for professional medical advice, diagnosis or treatment and should never be used in a medical emergency.

Johns Hopkins All Children's offers you the ability to access your health information via a secure online portal called "My Health Portal." Contact us for more information if you are not already enrolled in the My Health Portal.

Notice of Privacy Practices for Health Care Providers, continued

Your Rights Regarding Medical Information About You

The records of your medical information are the property of Johns Hopkins All Children's. You have the following rights, however, regarding medical information we maintain about you:

Right to inspect and copy. With certain exceptions, you have the right to inspect and/or receive a copy of your medical and billing records or any other of our records that are used by us to make decisions about you. You have the right to request that we send a copy of your medical or billing records to a third party. You may also request copies of your medical and billing records in an electronic format. You can receive this information by submitting a written request to our Health Information Management Department. We may charge you a reasonable fee for providing you a copy of your records. We may deny access, under certain circumstances. You may request that we designate a licensed health care professional to review the denial. We will comply with the outcome of the review.

Right to request an amendment. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Johns Hopkins All Children's in your medical and billing records or any other of our records that are used by us to make decisions about you. You are required to submit your request in writing to the Health Information Management Department with an explanation as to why the amendment is needed. If we accept your request, we will tell you we agree and we will amend your records. We cannot change what is in the record. We add the supplemental information by an addendum. With your assistance, we will notify others who have the incorrect or incomplete medical information. If we deny your request, within sixty (60) days we will give you a written explanation of why we did not make the amendment and explain your rights.

We may deny your request if the medical information (i) was not created by Johns Hopkins All Children's (unless the person or entity that created the medical information is no longer available to respond to your request); (ii) is not part of the medical and billing records kept by or for Johns Hopkins All Children's; (iii) is not part of the information which you would be permitted to inspect and copy; or (iv) is determined by us to be accurate and complete.

Right to an accounting of disclosures. You have the right to receive a list of certain disclosures we have made of your medical information in the six years prior to your request. This list will not include every disclosure made, such as those disclosures made for treatment, payment, health care operations purposes, or those disclosures made directly to you or pursuant to an authorization.

You are required to submit your request in writing to the Local Privacy Officer. You must state the time period for which you want to receive the accounting. The first accounting you request in a 12-month period will be free, and we may charge you for additional requests in that same period.

Right to request restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations.

To request a restriction, you must contact the Local Privacy Officer using the contact information listed at the end of this Notice. In some cases, you may be asked to submit a written request. We are not required to agree to your request and may say "no" if it would affect your care. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment or we are required or permitted by law to disclose it. We are allowed to end the restriction if we inform you that we plan to do so. If you request that we not disclose certain medical information to your health insurer and that medical information relates to a health care product or service for which we have already received payment in full, then we must agree to that request.

Right to request confidential communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. If you want us to communicate with you in a special way, you will need to give us details about how to contact you. Your request must be submitted in writing to the Local Privacy Officer using the contact information listed at the end of this Notice. You also will need to give us information as to how billing will be handled. We will honor reasonable requests.

Right to be notified in the event of a breach. We will notify you if your medical information has been "breached," which means that your medical information has been used or disclosed in a way that is inconsistent with law and results in it being compromised.

Right to a paper copy of this Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Copies of this Notice will be available throughout Johns Hopkins All Children's, or by contacting the Johns Hopkins All Children's Privacy Office as explained at the end of this Notice, or you may obtain an electronic copy at the Johns Hopkins website, **hopkinsallchildrens.org/about-us/important-notices.**

Future Changes To Johns Hopkins All Children's Privacy Practices and This Notice

We reserve the right to change Johns Hopkins All Children's privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice on the Johns Hopkins All Children's website, **hopkinsallchildrens.org/about-us/important-notices**. In addition, at any time you may request a copy of the Notice currently in effect.

Personal Representatives, Minors and Guardians

You have the right to choose someone to act for you. If you have given someone the legal authority to exercise your rights and choices about your health information, we will honor such requests once we verify their authority. This Notice also applies to minors and some disabled adults. They enjoy the same basic privacy protections for their medical information. However, because they usually cannot make health care decisions for themselves, a parent or a guardian can make decisions on their behalf. Parents or guardians can permit the use and release of this medical information. Parents or guardians may also hold all rights listed in this Notice including the right to inspect and copy and the right to amend.

Notice of Privacy Practices for Health Care Providers, continued

There are, however, some situations where minors can make independent health care decisions without parental or guardian knowledge or permission. It is important to note in these situations that the minor may be the only one to permit the use and release of medical information. The minor may hold all rights listed in this Notice with respect to the independent health care decision. If the minor chooses to inform the parent or guardian and obtains their permission for the independent health care decision, then all of the privacy rights regarding the medical information may transfer to the parent or guardian. There are also some situations where access, use and/or release of a minor's health information may occur without the permission of the parent or guardian. These situations are usually when the health or safety of the minor is in danger and medical information is necessary to appropriately protect the minor.

Questions or Complaints

If you believe that your privacy rights have not been followed as directed by applicable law or as explained in this Notice, you may file a complaint with us. Please send any complaint to the Johns Hopkins All Children's Privacy Office at the address provided below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. ***You will not be penalized for filing a complaint.***

If you have questions or would like further information about this Notice, please contact:

All mail to our Local Privacy Officer should be sent to the following address:

Johns Hopkins All Children's Hospital, Inc.
ATTN: Local Privacy Officer – Box 9080
501 Sixth Avenue South
St. Petersburg, Florida 33701

Email: achprivacyofficer@jhmi.edu
Phone: 727-767-4348

All mail to our Health Information Management Department should be sent to the following address:

Johns Hopkins All Children's Hospital, Inc.
ATTN: Health Information Management Department - Box 7680
501 Sixth Avenue South
St. Petersburg, Florida 33701

The Johns Hopkins All Children's main telephone numbers are 727-898-7451 or 800-456-4543, if you are calling from out of area.

Disclaimer

The Johns Hopkins entities that follow this Notice are affiliated entities. However, each entity is independently responsible for providing medical services to patients in a professional manner and in compliance with applicable privacy laws.

Non-Discrimination Notice

Johns Hopkins All Children's complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-727-767-4147 (TTY 1-727-767-4147).

ATANSYON: Si w pale KreyòlAyisyen, gen sèvisèdpoulangkidisponib gratis pouou. Rele1-727-767-4147 (TTY 1-727-767-4147).

Johns Hopkins All Children's Hospital
Patient Rights and Responsibilities

To promote patient safety, we encourage you to speak openly with your health care team, be well informed, and take part in care decisions and treatment choices. Join us as active members of your health care team by reviewing the rights and responsibilities listed below for patients and patient representatives.

You or your designee have the right to:

Respectful and Safe Care

1. Be given considerate, respectful and compassionate care.
2. Have a family member/friend and your doctor notified when you are admitted to the hospital.
3. Be given care in a safe environment, free from abuse and neglect (verbal, mental, physical or sexual).
4. Have a medical screening exam and be provided stabilizing treatment for emergency medical conditions and labor.
5. Be free from restraints and seclusion unless needed for safety.
6. Know the names and jobs of the people who care for you.
7. Know when students, residents or other trainees are involved in your care.
8. Have your culture and personal values, beliefs and wishes respected.
9. Have access to spiritual services.
10. Have conversations with the Ethics Service about issues related to your care.
11. Be treated without discrimination based on race, color, national origin, age, gender, sexual orientation, gender identity or expression, physical or mental disability, religion, ethnicity, language or ability to pay.
12. Be given a list of protective and advocacy services, when needed. These services help certain patients (e.g., children, elderly, disabled) exercise their rights and protect them from abuse and neglect.
13. Ask for an estimate of hospital charges before care is provided.

Effective Communication and Participation in Your Care

14. Get information in a way you can understand. This includes sign language and foreign language interpreters and vision, speech and hearing aids provided free of charge.
15. Get information from your doctor/provider about:
    - your diagnosis
    - your test results
    - outcomes of care
    - unanticipated outcomes of care
16. Be involved in your plan of care and discharge plan or request a discharge plan evaluation at any time.
17. Involve your family in decisions about care.
18. Ask questions and get a timely response to your questions or requests.
19. Have your pain managed.
20. Refuse care.
21. Have someone with you for emotional support, unless that person interferes with your or others' rights, safety or health.
22. Ask for a chaperone to be with you during exams, tests or procedures.
23. Choose your support person and visitors and change your mind about who may visit.
24. Select someone to make health care decisions for you if at some point you are unable to make those decisions (and have all patient rights apply to that person).

End of Life Decisions

25. Create or change an advance directive (also known as a living will or durable power of attorney for health care).
26. Have your organ donation wishes known and honored, if possible.

Informed Consent

27. Give permission (informed consent) before any non-emergency care is provided, including:
    - risks and benefits of your treatment
    - alternatives to that treatment
    - risks and benefits of those alternatives
28. Agree or refuse to be part of a research study without affecting your care.
29. Agree or refuse to allow pictures for purposes other than your care.

Privacy and Confidentiality

30. Have privacy and confidential treatment and communication about your care.
31. Be given a copy of the HIPAA Notice of Privacy Practices.

JOHNS HOPKINS MEDICINE
JOHNS HOPKINS ALL CHILDREN'S HOSPITAL

Johns Hopkins All Children's Hospital
Patient Rights and Responsibilities

Complaints and Grievances

32 Complain and have your complaint reviewed without affecting your care. If you have a problem or complaint, you may talk to your doctor, nurse manager or a department manager.

33 You may contact the risk manager at 727-767-8959, call toll free 1-800-456-4543, ext. 78959 or email achRiskManagement@jhmi.edu.

34 If your issue is not resolved to your satisfaction, other external groups you may contact include:

- **Hospital's Quality Improvement Organization (QIO) for coverage decisions or to appeal a premature discharge:**
  KEPRO
  Organization for Beneficiary Family Centered Care (BFCC-QIO)
  5201 West Kennedy Blvd., Suite 900
  Tampa, FL 33069
  1-844-455-8708
- **State Agency:**
  Agency for HealthCare Administration (AHCA)
  Complaint Administrative Unit
  2727 Mahan Drive, Mail Stop #49
  Tallahassee, FL 32308
  Toll free: 1-888-419-3456 or email: CAU@ahca.myflorida.com
- **Accreditation Agency:**
  The Joint Commission Office of Quality and Patient Safety
  One Renaissance Blvd.
  Oakbrook Terrace, IL 60181
  1-800-994-6610
  patientsafetyreport@jointcommission.org
- **To address discrimination concerns, you may also file a civil rights complaint with the U.S. Department of Health and Human Services:**
  Office for Civil Rights
  200 Independence Ave., SW
  Room 509F, HHH Building
  Washington, DC 20201
  1-800-368-1019, 1-800-537-7697 (TDD)
  OCRMail@hhs.gov
  Complaint forms are available at:
  http://www.hhs.gov/ocr/office/file/index.html

You have the responsibility to:

1. Provide accurate and complete information about your health, address, telephone number, date of birth, insurance carrier and employer.
2. Call if you cannot keep your appointment.
3. Be respectful of your hospital team, from the doctors, nurses and technicians to the people who deliver your meals and the cleaning crews.
4. Be considerate in language and conduct of other people and property, including being mindful of noise levels, privacy and number of visitors.
5. Be in control of your behavior if feeling angry.
6. Give us a copy of your advance directive.
7. Ask questions if there is anything you do not understand.
8. Report unexpected changes in your health.
9. Follow hospital rules.
10. Take responsibility for the consequences of refusing care or not following instructions.
11. Leave valuables at home.
12. Keep all information about hospital staff or other patients private.
13. Do not take pictures, videos or recordings without permission from hospital staff.
14. Pay your bills or work with us to find funding to meet your financial obligations.

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JOHNS HOPKINS MEDICINE
JOHNS HOPKINS ALL CHILDREN'S HOSPITAL

TRANSPORTATION

IMG ACADEMY TRANSPORTATION SERVICES

To make sure your travel experience is seamless and stress free, we offer airport transportation that services nearby airports including:

Sarasota-Bradenton (15 minutes)
Tampa (1 hour)
Orlando (2 hours)
Fort Myers (2 hours)
Miami (4 hours)

Please click the link below to reserve your airport transportation, and please be sure you have given us the correct airline, flight number, airport, and arrival/departure time and date for the airport in Florida. Please create and submit separate entries for each arrival & departure that you have.

To book IMG Academy transportation go to https://www.imgacademy.com/travel-and-planning/airport-transportation

OTHER LOCAL TRANSPORTATION OPTIONS

Enterprise is the official rental car provider of IMG Academy. To receive an additional 5% discount off the lowest retail rate, book online through http://www.enterprise.com/car_rental /deeplinkmap.do?bid=002@cust=IMG or call 941-751-2500 and mention code "IMG". This relationship is in place at all locations from Orlando to Naples. The following major Florida airports are included (Orlando - MCO, Tampa - TPA, St. Pete - PIE, Sarasota - SRQ, and Fort Myers - RSW). Enterprise will also deliver rental cars to campus if needed. Book early to lock-in your preferred vehicle class.

QUESTIONS?

If you have any questions regarding transportation services, please contact the IMG Academy Transportation Department at (941) 752-2568 or email us at transportation@img.com.

PERSONAL SPENDING ACCOUNT SET UP

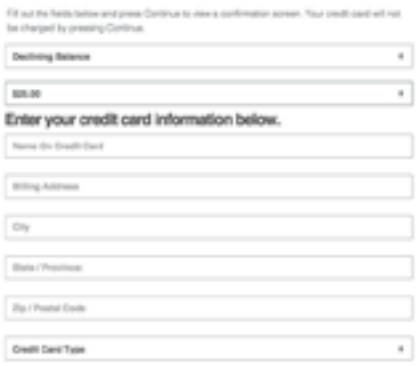
To Create an IMG Academy Personal Spending Account Using a Credit Card:

1. Go to this URL on in your internet browser: http://imgacademy.com/campuscard

2. Click the link below "Parents, Guardians, or Other Relatives:"

3. Enter the IMG Academy Reservation Number (located in your confirmation email), first name, and last name of the person you intend to set up the account for.

4. Enter payment information.



5. Confirm payment Information.

Congratulations! You have completed the process and money has now been added to the personal spending account!

CHECK-IN & CHECKOUT INFORMATION

GENERAL INFORMATION

Congratulations on your successful registration! The following provides information every parent and participant should know before attending IMG Academy. It is designed to equip you and the participant with the knowledge to plan and prepare for a successful stay.

As a reminder, all required medical and registration forms must be completed and returned five (5) weeks prior to traveling to IMG Academy. Forms may be faxed directly to the Office of Forms and Records at (941) 752-2630 or emailed to Forms@img.com.

Upon form completion and submission you will receive confirmation of receipt from the Office of Forms & Records via phone or e-mail. The confirmation of completed forms will finalize your registration process. Your next step is General Information to help aid in planning your stay.

CHECK-IN

- All participants check-in upon arrival.

Check-in Times

Program	Participant Type	Day	Time	Room Availability	Location
Weekend Camp (Sept.-May)	All	Friday	After 3:00pm	After 3:00pm	Campus Center
Weekly & Multi-Week Camp (Sept.-May)	Non-Boarding	Sunday	10:00am-6:30pm	N/A	Campus Center
Weekly & Multi-Week Camp (Sept.-May)	Boarding	Sunday	12:00-6:30pm	After 3:00pm	Campus Center
Summer Camps (June-August)	All	Sunday	2:00-6:00pm	After 2:00pm	Campus Center

Note: Holiday/Speciality Camps may require unique check-in days and times. Please contact your Sport Advisor to confirm the check-in date and time.

- **Groups** - Check-in will be based on travel schedule. Please refer to the transportation section on page 13 for transportation assistance to and from the airport. For additional group check-in needs, you may email Campusdesk@img.com.
- **Late and early arrivals due to travel will be accommodated as needed.**
- **Schedule** - Each participant will receive their sport program schedule and IMG Academy map at check-in.
- **Important Documents** - All boarding participant's plane tickets, passport, bank money, and important documents must be handed in during check-in for safe-keeping during the participant's stay.
- **Room Assignments** - Boarding participants will be assigned a room and shown to their room by Campus Life at the conclusion of the check-in process. **Please see the check-in chart for room availability times.**
- **Orientation** - Boarding participants attend a campus orientation after dinner on Sunday evening. At that time, all rules and regulations are covered. Sports programs will hold an orientation either Sunday evening (summer camp programs only) or prior to beginning the program on Monday. Orientation information will be provided at check-in.

CHECK-OUT

- **For Weekly and Multi-Week Programs** - **Check-out is on Saturday by 11:00am**. All boarding participants must check-out of their dorms by this time, unless they are continuing into the following week's program.
- **For Weekend Programs** - Check-out is on Sunday at the conclusion of your sport program.
- **Non-Boarding Participants** - Participants who do not board will automatically be checked-out of their reservation at the conclusion of their program.
- **Room Verification** - Boarding participants first check-out with Campus Life who will walk through the room with your child to ensure he or she is fully packed and verify the room is in the same condition as upon arrival. Participants may be asked to clean their room to avoid a room cleaning fee or may be charged for room damage.
- **Final Checkout Pass** -Campus Life staff will issue a Final Checkout Pass for your child upon a successful room verification. Participants will present their Final Checkout Pass to the Campus Desk who will complete their final check-out.
- **Bag Storage** -Participants may store bags and materials at a designated area until their departure time.

CAMPUS SERVICES

Transportation

- **Transportation Requests** - Transportation to and from a selected airport or bus depot may be arranged through the IMG Academy Transportation Department. Please make all travel arrangements at least 72 hours in advance by e-mail, phone or fax confirmation. Please contact the Transportation Department for additional information. Prices are subject to change without notice.

  Transportation Department
  Phone: 941.840.8092
  Fax: 941.752.2630
  E-mail: transportation@img.com

- **Sarasota/Bradenton Airport**- Transportation is $40*
- **Tampa International Airport**- Transportation is $125*
- **Orlando International Airport**- Transportation is $310*

*Multi-person rates may be available. Price are subject to change.

- **Unaccompanied Minors** - There is an additional charge of $50 each way for Participants that are traveling as **unaccompanied minors**. Please verify with your airline if your child qualifies to travel as an unaccompanied minor. Please note an additional $15 charge will apply every 15 minutes if the driver has to wait with the minor longer than 2.5 hours for departing flights.

Gatorade

- Johns Hopkins All Children's Hospital provides the health care services for the participants of IMG Academy. The Health Services team is honored to oversee your child's day to day health care. Health Services is an on campus facility open 24 hours per day. Care provided includes first aid, distribution of medication and supplements that are not permissible in the Participant's room, nurse visits or more complex physician appointments if needed during Participant's stay at IMG Academy. Health Services staff of nurses are available 24 hours a day to address your participant's medical needs. If you have any questions, please feel free to contact us at 941-752-2479 or email healthservices@img.com.
- Hydration – Part of playing at one's best means staying hydrated. When an athlete fails to replace the fluids and electrolytes lost through sweat, they can become dehydrated. Gatorade re-hydrates better than water by putting the essential electrolytes back into an athlete's body and delivers carbohydrates that energize muscles and the brain. Participants should be instructed about the importance of adequate fluid consumption. Participant's may be training outdoors in a hot and humid climate where dehydration can occur quickly. Gatorade is one of IMG Academy's Premier sponsors, and we have integrated the Gatorade G-Series into our athletes' workout sessions. We want to take each Participant's game to the next level, and Gatorade is committed to helping Participants get there. Sport performance is driven from the inside out, so we are providing free G Series products strategically placed around campus to help athletes "Win from Within".

  Participants will find:

  - Gatorade Prime: Delivers 24g of carbohydrate energy to your muscles quickly, so Participants can own the first move when at practice or during a competition. Available in chews at the Campus Center during breakfast.
  - Gatorade Perform: Proven hydration to replace what is lost through sweat. Available in coolers at your sport.
  - Gatorade Recover: Protein to help rebuild muscle. Available in a shake for the end of the day either in the Weight Room or at sport.

Laundry and Linens

- **Laundry Service** - Available on-campus for our participants. The Wash and Fold service can be utilized by purchasing a laundry bag in the Campus Bookstore.
- **Laundry Card Operated Machines** - Available for participants who would like to do their own laundry. The card-operated laundry machines is $2.00 per wash load and $2.00 per dry load. Laundry card may be purchased from vending area on 1st floor of Ascender East or 3rd floor laundry room of Ascender West. Sweat X laundry detergent is available for purchase in the Campus Bookstore located in the Campus Center. Please note prices are subject to change.

CAMPUS INFORMATION

On-Campus Accommodations

- **Ascender Hall** - Our state of the art residence halls which is available to youth ages 19 and under.
- For assistance with room issues please call the Campus Desk at (941) 749-8747 from 7am - 11pm. For assistance after 11pm and before 7am please call the Manager on Duty at (941) 650-1000.
- **Boarding Participants** – Participants are housed by gender and age and not necessarily by sport. Staff will make every attempt to accommodate roommate requests.
- **Supervision** - Staff supervises the Participant residences 24 hours per day/seven days per week.
- **The Lodge** - Parents and families may choose to stay in one of our on campus accommodations. Conveniently located on IMG Academy's East Campus, The Lodge provides an ideal accommodation option for guests. Comfortably-appointed rooms and suites offer a wide range of features, from our ultra-convenient single clubrooms to our spacious three bedroom suites.

Note: Please note pets are not allowed on campus with the exception of service dogs.

Off-Campus Accommodations

- **Legacy Hotel** - Located steps away from the world-renowned IMG Academy, Legacy Hotel is a lifestyle boutique hotel available to families, parents, guests, teams, and local visitors. Located in Manatee County, Legacy Hotel is just minutes from Bradenton, Anna Maria Island, and Sarasota and allows guests to enjoy both the on-campus programming as well as local area attractions. Rooms fill quickly during peak seasons. Book your stay here or call 1-866-300-4534 to experience the best of IMG Academy!
- **Holiday Inn Express** - The official hotel sponsor of IMG Academy, where guests can stay off-campus but still close by. Book online through here to receive discounted rates.
- **Ritz Carlton, Sarasota**- The official luxury hotel sponsor of IMG Academy. Parents and families interested in luxury off-campus accommodations can book their stay online here or call 941-309-2040 and mention code "IMG" to receive discounted rates.

General Dining Information

- **Boarding Participants** - Boarding participants will receive breakfast, lunch and dinner delivered in a buffet style environment.
- **Meal Cards** (identification card) - The participant's identification card (issued at check-in) acts as a meal card and must be presented in order to enter the Dining Hall and to be served.
- **Non-Boarding Participants** - Non-boarding participants will receive lunch. Additional meals may be purchased at the Campus Desk. You may also purchase a meal package from your sport advisor.

Additional Dining Options

- **Icon Eatery & Bar**- Every bite at Icon Eatery & Bar at Legacy Hotel is unforgettable, and the menu is a unique creation of its own. We feature Florida-grown seasonal produce and seafood caught right off of our coasts. Meals are big on flavor and low in fat and feature incredible flavor combinations that are unlike anything else.
- **Fuzion** - Located in the Campus Center. Open from 11am-10pm daily. Fuzion is where cuisines from the east & west meet to create a delicious blend of flavors and combinations to delight any taste and Fuzion offers Fresh Rolled Sushi every day.
- **Brick Oven** - Located in the Campus Center. Open from 11am-10pm daily. A true Brick Oven experience in less than three minutes. Choose from 20 different toppings to create your pizza just the way you like it. Brick Oven also offers calzones, chicken parmesan sandwiches and a meatball sub you have to see to believe.
- **La Boulangerie** - Located in the Campus Center across from the Campus Desk. Open from 6am-8pm daily. La Boulangerie features delicious bites and crafted hot or iced beverages from our on-campus bistro. Serving Kahwa Coffee, pastries, light bites, and sandwiches for your active and on-the-go lifestyle.
- **Smoothie King** - Located on East Campus across from the weight room, Smoothie King is devoted to inspiring guests to have an active and healthy lifestyle. Please be advised Smoothie King products are not included as part of the participant's regular meal package and must be paid for with cash, credit card, or personal spending account.

Retail Outlets

- **Campus Center Bookstore** - E The Campus Center Bookstore can be found on-campus inside the Campus Center on West Campus. The Campus Center Bookstore are fully stocked with IMG Academy sport logo merchandise, training gear, teaching manuals, videotapes, mental efficiency books, Gatorade, SPRI workout accessories and equipment, Sweat X laundry detergent, DeepSport Athletic Sheets, and TriggerPoint foam rollers. Participants are allowed to charge purchases to their personal spending account.

Bank

- **Personal Spending Account** - IMG Academy Personal Spending accounts can be set up at any time for your convenience at http://www.imgacademy.com/campuscard. You will need the opportunity number that you received in your confirmation email.
- **Wire Transfer Notes**
  1. Please send bank/money transfers via regular wire. Funds sent via ACH transactions may not be immediately identified and may be delayed in posting to the participant's account.
  2. Please specify the participant's full name when sending any wire payments.
  3. Processing fees incurred during the transfer of monies as they clear through all banking channels are paid by the sender.
  4. The amount of the credit to your account by IMG Academy, LLC. is the exact dollar amount received by the bank.
- **Wire Transfer Instructions** -
  Wire Payments To: HSBC: Bank USA NA: ABA#021001088
  Address: 425 5th Ave, New York, NY 10018
  Name: IMG Academy, LLC.
  Swift Code: MRMDUS33
  Credit Account: #157752011

NOTE: BE SURE THAT THE PARTICIPANT'S NAME IS ON THE WIRE.

- **Bank Hours** - Bank hours will be provided to all participants at check-in. Withdrawals from the account may be made during posted bank hours.
- **IMG Academy is not responsible for any money that is not deposited in a participant's personal bank account.**

Phone/Fax

- **Phones** - It is recommended that participants call home upon arrival and notify their family of their room number and bed number.
- **Cell phones** - Participants are allowed to bring cell phones but they are not permitted to use them during program hours. All electronic use must abide by the regulations set forth in the Acceptable Use Policy that is signed at check-in.
- **Switchboard** - The switchboard closes at 11:00pm. In the event of an emergency, call IMG Academy at 941.755.1000. The on-site Property Manager and staff will assist your son/daughter in contacting you immediately.

Mail

- **Incoming mail** - Please send mail for participants to the following address:

  Participant's Name
  c/o IMG Academy
  Residence Hall and Room Number
  5500 34th Street West
  Bradenton, FL 34210

- **Outgoing mail** - May be dropped off in the mail room during posted hours of operation. It is suggested that participants bring their own stamps and writing material. Participants may pay for postage during mail room hours.
- **Mail** - Participant letters will be distributed by Campus Life. Packages may be picked up from the Ascender East Mail Room during posted hours of operation.

Activities

- All activities are supervised and may include trips to the beach, mall, theaters and theme parks (Busch Gardens, Disney World, and Universal Studios, etc.). The costs of these activities and any related transportation fees are in addition to program fees. The fees are deducted from participants' personal accounts or paid by cash prior to the trip deadlines.
- **Special trips** – The cost of the theme park trips is not included in the spending money recommendation.

Inclement Weather

- Please note: In case of rain or other inclement weather, sport programs may be shortened or altered. No refunds or credits will apply.

WHAT TO BRING

You and your camper are ready to pack! We have broken up the items to bring into two sections. One section to describe items everyone should bring and the other is sport specific. Please double check your inventory to reduce the chance an item is forgotten. **If you are wondering what to bring, ShopIMG.com offers official IMG Academy Under Armour training packages that can be purchased online before you arrive so that you have everything you will need to maximize your training on and off campus.**

GENERAL SUGGESTED ITEMS TO BRING

☐ 8-10 pairs of shorts/skirts	☐ Running shoes	☐ Sunscreen/lotion/insect repellent
☐ 8-10 pairs of socks	☐ Swimsuit	☐ Water jug
☐ 8-10 shirts/tops	☐ Beach/bath towels	☐ Laundry bag
☐ Stamps/writing material	☐ Alarm clock	☐ Combination lock
☐ X-long twin-size sheets and pillowcase	☐ Lightweight jacket	☐ Personal toiletries

- The items above are based on a one-week stay. Participants staying multiple weeks will need to adjust this list to accommodate their stay.
- **Items for purchase** - Certain items including DeepSport sheets, towels, Sweat X laundry detergent, and combination locks are often available to purchase on campus if the participant does not bring these items with them.
- **Valuables** - Participants should lock any valuable items (cell phones, money, etc.) in their in-room locker for safety. IMG Academy is not responsible for any lost or missing items. It is recommended that electronic items (iPods, video game systems, Computers, etc.), expensive items, or unnecessary items not be brought to camp. All personal items should be clearly marked in indelible pen.
- **Lost and Found** - Items are kept at Campus Safety's lost & found storage area.
- **Please provide your child with sunscreen and insect repellent and instruct your child to apply sunscreen numerous times a day.**

SUGGESTED ITEMS TO BRING BY SPORT

IMG Academy Bollettieri Tennis Program

Tennis shoes (2)
Sunglasses
T-shirts (12)
Socks (10 pairs)
Jump rope Shorts (10)
Beach towel
Rackets (2-3)

IMG Academy Golf Program

Golf clubs
Collared golf shirts
Golf shoes (with soft spikes)
Golf balls
Golf tees
Collapsible stand golf bag
Visor/hat
Training shoes/sneakers
Collapsible stand golf bag

IMG Academy Soccer Program

Shirts (2/day)
Shin guards
Shorts (2/day)
Soccer cleats (2)
Socks (2/day)
Sneakers

IMG Academy Track & Field Program

Shirts (2/day)
Shorts (2/day)
Track Spikes
Socks/underwear (2/day)
Sneakers

IMG Academy Basketball Program

Basketball sneakers
T-shirts (8-10)
Training sneakers
Socks (2/day)
Shorts (5-6)
3-Ring binder
Flip flops (shower)

IMG Academy Athletic & Personal Development Program

Shorts (2/day)
Shoes (for linear & lateral training)
T-shirts (4/day)
Socks (3-4/day)

IMG Academy Lacrosse Program

T-shirts (3/day)
Shorts (2/day)
Compression shorts
All lacrosse equipment & sticks
Socks/underwear (3/day)
Sneakers
Grass cleats

IMG Academy Football Program

T-shirts (3/day)
Shorts (3/day)
Cleats)
Compression shorts
Workout shirts (5)
Compression socks
Flip flops
Sneakers

IMG Academy Baseball Program

Tennis/turf shoes
Cleats
Workout shorts/pants (5)
Workout shirts (5)
Jacket/Sweatshirt (seasonal)
Baseball Socks (5)
Hat
Glove
Bat
Batting Gloves
Personal equipment - catcher's gear, helmet, etc. (optional)

- **IMG ACADEMY SAT CAMP** - In addition, to the items above, all IMG Academy campers who will be taking SAT/ACT prep courses during their stay should bring an iPad, android tablet, and/or a laptop
- **Bring a notebook** to record what you learn, as well as what you want to continue to improve upon when you return home.
- **Practice** - Play as much of your sport as you can before arriving to camp. This will prepare you for the intensive training ahead of you.
- **Train** - It would be beneficial for you to start a personal conditioning regimen. You will benefit and enjoy the program more if you are in good shape.

Note: Check with your doctor before starting any physical conditioning or exercise.

LOCAL INFORMATION AND DIRECTIONS

Entrance	Address	Accessible Facilities
IMG Academy - West Campus:	5691 Bollettieri Blvd. Bradenton, Florida 34210	*IMG Academy Academic Center, Legacy Hotel at IMG Academy, IMG Academy Campus Center, IMG Academy Fieldhouse, IMG Performance and Sport Science Center, IMG Academy Stadium, Ascender Hall East, West and South, baseball/ lacrosse/soccer/football fields, clay tennis courts, and outdoor track*
IMG Academy - East Campus:	5500 34th Street West Bradenton, Florida 34210	*IMG Academy Lodge & Villas, IMG Academy Spa, basketball gymnasiums, weight rooms, and indoor/outdoor tennis courts*

1 ST. PETERSBURG

2 TAMPA

3 DOWNTOWN SARASOTA

4 SIESTA KEY

5 ORLANDO