



2010-2011 Application Form

ADDRESS TO MAIL THE APPLICATION FORM TO :

ISP Golf Academy
Route des Lucioles
Les Algorithmes - Aristote A
06410 Biot - France
Tel & Fax : +33 (0)4 92 96 09 36
Cell : +33 (0)6 03 37 51 88

ESSAY

In order to evaluate your motivation and ambitions, please write a one-page essay about one of these subjects:

- Describe your golf and/or educational goals in the long run
- Explain how your deep motivation will allow you to make the right efforts in order to meet your goals
- Choose a subject or describe a situation, which will allow you to show your competitive spirit.

VISIT

The ISP Golf Academy strongly recommends that each candidate visits the ISP Golf Academy to familiarize oneself with the center and its staff. This visit can be done at any time of the year.

Just let us know when it is convenient for you and we will come and pick you up from the airport or train station.



Costs of programs

TRAINING IN GOLF AND STUDIES

Golf Training * (does not include studies)	13 500 €
Full-boarding * (Holidays included except Christmas)	8 500 €

INTENSIVE ANNUAL TRAINING CAMP

Intensive annual training camp	18 500€
Full-boarding * (Holidays included except Christmas)	8 500€

INTENSIVE ANNUAL TENNIS CAMP PER MONTH

Intensive annual training camp per month (minimum 3 months)	2 350 €/month
Intensive annual training camp per month (minimum 3 months) with full-boarding	3 100 €/month

STUDIES

ISP Etudes	5 500 €
ISP International School	
ISP International school (5 th to 9 th grade)	8 000 €
ISP International school (10 th to 12 th grade)	9 000 €

- ✓ The annual training program starts on **September 05th 2010** and end on **June 24th 2011**.
- ✓ The training program includes tennis, fitness, mental, medical, and tournament follow-up.
- ✓ **A non-refundable 2000 € deposit is required with this application form.**
- ✓ Full-boarding includes housing and 3 meals a day all week including weekends.
- ✓ **Costs of all programs are raised by 5% if payment is done monthly.**



GOLF ACADEMY

Golf payment form

PROGRAMS AND COSTS

- Golf and studies (not including studies) 13 500 €
- Annual training camp 18 500 €
- Monthly training camp (2350 €/month) X ____ months
Total : _____ €
- Monthly pro training camp (1350 €/month) X ____ month
Total : _____ €

PAYMENT OPTIONS

- Semesters : payment due at the beginning of each semester
- Monthly : payment by monthly wire transfer only on the **1st of each month**. The amount raised by 5 % as following:
ISP SPORTS ETUDES (Golf et études 5th to 09th grade) : 2257,50 € /mois
ISP SPORTS ETUDES (Golf et études 10th to 12th grade) : 2362,50 €/mois
AEPS (hébergement en pension complète) : 892,50 €/mois

MODE OF PAYMENT

- French check written to the ISP Golf Academy
- Wire transfer

Compte :	ISP SPORTS ETUDES
Domiciliation :	CREDIT DU NORD DRAGUIGNAN 110 Bld Marx DORMOY 83300 DRAGUIGNAN
IBAN :	FR76 3007 6042 6510 5848 0020 031
BIC :	NORDFRPP
Code Banque :	30076
Code Guichet :	04265
N° de Compte :	10584800200

Please return this completed form to :

By mail : ISP TENNIS ACADEMY - 2000, Route des Lucioles
Les Algorithmes - Aristote A - 06410 – BIOT - FRANCE
By fax : +33 (0)4 92 96 09 36
By scan : info@ispacademies.com



Boarding payment form

PROGRAMS AND COSTS

Full-boarding including a single or a double room depending on availability, 3 meals a day including weekends and access to all CIV campus facilities

Annual (10 months) Total : 8 500 €

Monthly (892,50 €/month) X ____ month Total : _____€

MODE OF PAYMENT

Wire transfer (see bank details below)

French check written to AEPS

Account :	AEPS
Adress :	Banque Populaire Cote d'Azur – Cannes La Bocca 28 AV. Michel Jourdan
Iban :	FR76 1560 7000 1560 9383 5266 531
Swift :	CCBPFRPPNCE
Bank code :	5607
Agency code :	00015
Account number :	60938352665
RIB Key :	31

Please return this completed form to :

By mail : ISP GOLF ACADEMY

2000, Route des Lucioles

Les Algorithmes - Aristote A

06410 – BIOT – France

By fax : +33 (0)4 92 96 09 36

By scan : info@ispacademies.com



Information form

CANDIDATE'S INFORMATION

Last name : _____

First name : _____

Date of birth : ____ / ____ / ____

Place of birth : _____

Sex: M F

Address: _____

City: _____ Zip code: _____

Country: _____

Phone : _____ Fax: _____

Cell: _____

e-mail: _____

PARENTS' INFORMATION

Last name : _____

First name : _____

Work : _____

Phone : _____ Fax: _____

Cell: _____

e-mail: _____



GOLF ACADEMY

Information form (2)

EDUCATIONAL INFORMATION

Grade : _____

GPA : _____

TENNIS INFORMATION

How old were you when you started playing golf ? _____

Right handed / Left handed

Style of game : _____

National ranking : _____

Handicap : _____

Best results in competitions :



Medical information

TREATMENT AUTHORIZATION

This document certifies that _____

parent of _____

authorizes the ISP Golf Academy to make decisions on their behalf in case of a medical emergency or hospitalization, including surgery.

Date : ____ / ____ / ____ Parents signature : _____

INSURANCE INFORMATION

Name of the insurance : _____

Address : _____

Phone : _____

CREDIT CARD INFORMATION

I authorize the ISP Golf Academy to use my credit card to pay medical expenses :

Visa / Mastercard (please circle)

Name on card : _____

Card number : _____

Expiration date : ____ / ____ Security code : _____

Signature : _____

Medical information (2)

MEDICAL HISTORY

Have you been hospitalized in the last 3 years ?

Yes No

Do you have a medical treatment?

Yes No

Are you up to date with your vaccines ?

Yes No

Do you have a physical or mental disorder ?

Yes No

Are there any reasons why you would not be able to follow an intense tennis and/or physical training ?

Yes No

Please add any important additional information (use an additional sheet if necessary):

I, _____
certify that all the above information is correct and that any false statement may lead to complications that I will be responsible for. I also acknowledge that any alcohol or drug use at the ISP Golf Academy is strictly forbidden and will lead to my exclusion of the academy.

Candidate's name: _____

Date : ___ / ___ / ___ Signature : _____

Parents name: _____

Date : ___ / ___ / ___ Signature : _____



GOLF ACADEMY



Activities authorization

Dear parents/guardians:

In order for your child to be permitted to participate in any of the following activities, your prior written approval is required. However, please be advised that your child may participate in sports activities and play which are not supervised by us or under our control for which we will have no responsibility. I give my child permission to participate in all athletic activities offered at the ISP Golf Academy, on and off campus (outings to tournaments, beach, theme parks, malls and other entertainment venues):

YES NO

List of exceptions: _____

I also give my child permission to participate in the following supervised off-campus activities:

Water Skiing Jet Skiing Rock Concert Canoeing
deep Sea Fishing

My child may participate in other activities or outings not specifically listed above at the academy's discretion:

YES NO

I give my child permission to be transported by teachers and/or staff of the academic school he/she is attending while enrolled at the ISP Tennis Academy.

YES NO

I give my child permission to use the ISP Golf Academy's bicycles alone from the CIV campus to the tennis complex without supervision of ISP Golf Academy staff, knowing there is a public road to cross:

YES NO

I give my child permission to go off-campus or on overnight visits with adults (over 21 years of age) and/or families. I understand that my child will not be given permission to go off campus with individual families or other persons unless specified by me in writing.

YES NO

Name of parents: _____

Date : ___ / ___ / ___ Signature : _____



GOLF ACADEMY

General conditions

- 1) **Program description**
The ISP Golf Academy offers each of its candidates the following services: golf and physical training as well as mental and medical supervision, tournament follow-up, room and board facilities inside the ISP Golf Academy, complete academic program.
- 2) **Registration and fees**
Registration and payment method conditions are described in the payment form section. All candidates must show proof of payment before entering the academy.
- 3) **Rules and regulations**
Each candidate shall receive the rules as he/she arrives at the academy. It is the candidate's full responsibility to comply with those rules. Any violation of the regulations will impose penalties including exclusion of the academy.
- 4) **Theft**
The ISP Golf Academy cannot be held in any case responsible for any theft that may occur at the academy. It is not advised to bring valuables on campus.
- 5) **Use of prohibited drugs**
The use of illegal drugs (including smoking and drinking) is totally prohibited at the ISP Golf Academy. Any breach of this rule will lead to exclusion.
- 6) **Candidates cancellation or withdrawal from the ISP Golf Academy program**
If the candidate decides to withdraw from the program for any type of reasons, he/she must inform the ISP Golf Academy in writing. He/she may be entitled to a partial refund. However, He/she is obliged to pay the ISP Golf Academy for the full amount of the program chosen as described in the payment form section.
The candidate will not be entitled to any refunds if he (she) or if his (her) parents decide to withdraw from the ISP Golf Academy on his (her) own will.
- 7) **Force majeure**
The ISP Golf Academy shall not be obliged to compensate the candidate when cancellation is due to "force majeure" or reasonable causes. The latter is understood as the circumstances beyond the control of those who refer to them, which are unusual, and have consequences that are unavoidable, despite having acted with due diligence
- 8) **Insurance**
The ISP Golf Academy shall provide each candidate with its general liability insurance coverage. This coverage does not apply to non-ISP activities. However, each candidate has the obligation to subscribe a personal private insurance covering medical expenses.
- 9) **Candidate's medical treatment**
It is the parents' responsibility not to disclose any medical information, which could result in a problem during sports activities. In case medical treatment or surgery must be operated, the ISP Golf Academy shall contact parents immediately and take the decisions most appropriate for the candidate's health.
- 10) **Use of candidate's image**
The ISP Golf Academy has the right to use any photos or articles about the candidate.
- 11) **ISP Sponsor**
In the absence of other equivalent contracts, each player agrees to wear the ISP Golf Academy logo on his/her competition shirts.
- 12) **Attitude**
Each player understands and agrees that he represents the ISP Golf Academy at all times on campus and during travels. He/she therefore commits to represent the ISP Golf Academy and its values to the best of his/her abilities.

I read, understand and accept the general conditions of the ISP Golf Academy and understand that any breach of these rules may lead to my (the) exclusion (of my child).

Name of candidate: _____

Date : ___ / ___ / ___ Signature : _____

Name of parents: _____

Date : ___ / ___ / ___ Signature : _____



Useful information

THINGS TO BRING

Complete sport/golf equipment
Golf shoes
Running shoes
Water jug
Sun screen
Laundry bag (a laundry room is available on campus)
Sport bag / back pack
Alarm clock
Swimsuit
Towels
School equipment
Pocket money
Lock
Medical certificate (use attached model)

N.B. Sheets are provided

ARRIVAL INFORMATION

If they are not dropped off by their parents, players must arrive on Sunday 6 September 2009 at the Nice International Airport or at the Antibes Train Station. Please fill in the blanks:

The player will be dropped on the CIV campus

Nice International Airport

Date : ____ / ____ / ____ Airline : _____ Flight : _____

From : _____ Terminal : 1 2

Antibes Train Station

Date : ____ / ____ / ____ Train number : _____

From : _____



Medical certificate

Je soussigné, Docteur:

(I undersigned, Dr)

Demeurant à:

(Living in)

Certifie avoir examiné ce jour M. Mme. Mlle.

(Certify having examined this day Mr. Mrs. Miss)

Né(e) le: ____ / ____ / ____

(Date of birth)

Demeurant à:

(Living in)

Et n'avoir pas constaté, à la date de ce jour, de signes cliniques apparents, contre-indiquant la pratique des sports suivants en compétition: GOLF

(And not having diagnosed, on this day, any clinical signs restraining the practice of the following sports in competition)

Fait à _____

(Done in)

le ____ / ____ / ____

(Date)

Cachet du médecin

(Doctor's stamp)

Signature du médecin

(Doctor's signature)