



2010-2011 Application Form

ADDRESS TO MAIL THE APPLICATION FORM TO :

ISP Tennis Academy
Route des Lucioles
Les Algorithmes - Aristote A
06410 Biot - France
Tel & Fax : +33 (0)4 92 96 09 36
Portable : +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 tennis 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 Tennis Academy strongly recommends that each candidate visits the ISP Tennis 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 TENNIS AND STUDIES

Tennis 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 TRAINING 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 (5 th to 10 th grade)	8 000 €
ISP International school (10 th to 12 th grade)	9 000 €

- The annual training program starts on September 5th 2010 and end on June 24th 2011
- The training program includes tennis, fitness, mental, medical, and tournament follow-up on about 10 tournaments
- 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



Tennis payment form

PROGRAMS AND COSTS

- Tennis 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. This amount is raised by 5 % on each account as following:

ISP ACADEMY (tennis and fitness training): 1147,50 €/month

AEPS (Full boarding): 892,50 €/month

MODE OF PAYMENT

French check written to the ISP Tennis Academy

Wire transfer

Account :	ISP ACADEMY
Address :	CREDIT DU NORD DRAGUIGNAN 110 Boulevard Marx DORMOY 83300 DRAGUIGNAN Tel : +33 (0)4 98 10 59 60
IBAN :	FR76 3007 6042 6510 5864 0020 076
Swift :	NORDFRPP
Bank Code :	30076
Agency Code :	04265
Account number :	10586400200
RIB Key :	76

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 Total : 8 500 €

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

MODE OF PAYMENT

French check written to AEPS

Wire transfer (see bank details below)

Account:	AEPS
Address :	Banque Populaire Cote d'Azur – Cannes La Bocca 28 AV. Michel Jourdan
Iban :	FR76 1560 7000 1560 9383 5266 531
Swift :	CCBPFPPNCE
Code Banque :	15607
Code Guichet :	00015
N° Compte :	60938352665
Clé RIB :	31



Tournament payment form

- ITF International Junior Program (6 tournaments ITF + ATP)
3 000 €
(Includes housing, food, transport for coach and player)
- International program under 14's (4 tournaments)
2 000 €
(Includes housing, food, transport for coach and player)
- International program under 12's (2 tournaments)
1 000 €
(Includes housing, food, transport for coach and player)

MODE OF PAYMENT

- Wire transfer (see bank details below)
- French check written to 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 :	15607
Agency code :	00015
Account number :	60938352665
RIB Key :	31

Please return this completed form to :

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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: _____



Information form (2)

EDUCATIONAL INFORMATION

Grade : _____

GPA : _____

TENNIS INFORMATION

How old were you when you started playing tennis ? _____

Right handed / Left handed

Style of game : _____

National ranking : _____

French ranking : _____

International ranking : _____

Best results in competition :



Medical information

TREATMENT AUTHORIZATION

This document certifies that _____

parent of _____
authorizes the ISP Tennis Academy to make decisions on their behalf
in case of a medical emergency or hospitalisation, including
surgery.

Date : ____ / ____ / ____ Parents signature : _____

INSURANCE INFORMATION

Name of the insurance : _____

Address : _____

Phone : _____

CREDIT CARD INFORMATION

I authorize the ISP Tennis Academy to use my creditcard to pay
medical expenses :

Visa / Mastercard (cercle)

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 Tennis Academy is strictly forbidden and will lead to my exclusion of the academy.

Candidate's name: _____

Date : ___ / ___ / ___ Signature : _____

Parents name: _____

Date : ___ / ___ / ___ Signature : _____



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 tennis 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 Tennis Academy's bicycles alone from the CIV campus to the tennis complex without supervision of ISP Tennis 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 : _____



General conditions

- 1) Program description
The ISP Tennis Academy offers each of its candidates the following services: tennis and physical training as well as mental and medical supervision, tournament follow-up, room and board facilities inside the ISP Tennis 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 Tennis 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 Tennis Academy. Any breach of this rule will lead to exclusion.
- 6) Candidates cancellation or withdrawal from the ISP Tennis Academy program
If the candidate decides to withdraw from the program for any type of reasons, he/she must inform the ISP Tennis Academy in writing. He/she may be entitled to a partial refund. However, He/she is obliged to pay the ISP Tennis 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 academy on his (her) own will.
- 7) Force majeure
The ISP Tennis 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 Tennis 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 Tennis Academy shall contact parents immediately and take the decisions most appropriate for the candidate's health.
- 10) Use of candidate's image
The ISP Tennis Academy has the right to use any photos or articles about the candidate.
- 11) Sponsor ISP
In the absence of other equivalent contracts, each player agrees to wear the ISP Tennis Academy logo on his/her match shirts.
- 12) Attitude
Each player understands and agrees that he represents the ISP Tennis Academy at all times on campus and during travels. He/she therefore commits to represent the ISP Tennis Academy and its values to the best of his/her abilities.

I read, understand and accept the general conditions of the ISP Tennis 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/tennis equipment
Jumping rope
Tennis 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 9 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: TENNIS
(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)