

ADMISSION PROCEDURE

Follow the procedures below for all program registrations. If you have any questions do not hesitate to contact us.

JUSTINE HENIN ACADEMY

Avenue Léon Fournet, 20 – 1342 Limelette – Belgium

+32 10 41 09 00

For more informations: info@justineheninacademy.com

For registration : camps@justineheninacademy.com

CAMPS PROGRAM

For Weekly program or Monthly program :

- a. Determine program arrival and departure dates. Program, options, boarding and non-boarding are proposed all year round and have limited space;
- b. Complete and return the **Camps registration form** to camps@justineheninacademy.com. When the form has been returned, a confirmation via e-mail with the remainder of program registration packet will be sent. All forms must be completed and returned before participation in the program;
- c. Your participation to the Camps Program of your choice is fully confirmed upon receipt, on the bank account of the academy, the payment of the program.

INFORMATION SHEET

PERSONAL INFORMATION

Participant's name: _____

Surname

Name

Birthdate: ____ / ____ / ____ Age: ____

I have been before: YES NO If yes, date: ____ / ____ / ____

Sex: Male Female

Home Address: _____

City: _____

Zip code: _____

Country: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Cell Phone: _____

E-mail: _____

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PERIOD

Arrival Date: _____ Departure Date: _____

PROGRAM CHOICE

WEEKLY PROGRAM NON-BOARDING

1 week 2 weeks 3 weeks

WEEKLY PROGRAM FULL BOARDING

1 week 2 weeks 3 weeks

MONTHLY PROGRAM NON-BOARDING

1 month 2 months 3 months

MONTHLY PROGRAM FULL BOARDING

1 month 2 months 3 months

Participant Name: _____

Participant Signature: _____

HOTEL RESERVATION

Name of the hotel:

Arrival date: Departure date:

Number of people:

Number of room(s):

Other information:

.....

Confirmation of the hotel reservation will be sent by email. The payment is due directly to the hotel.

Participant Name: _____

Participant Signature: _____

PAYMENT

All payments must be made to Justine Henin Academy: Regardless of payment method, we require a credit card on file.

Visa Mastercard American Express Diner's Club

Credit Card Number: _____ Expiration Date: _____

Name on card: _____ Signature of Card Holder: _____

Credit Card Amount: _____ Date to be charged: _____

GENERAL CONDITIONS

1. Registration and rates

No registration shall be confirmed until payment of the amounts due to the Justine Henin Academy.

2. Internal code of conduct

All the pupils shall receive an internal code of conduct on arrival at the academy. The pupils are obliged strictly to comply with this code under penalty of sanctions that may result in exclusion.

3. Theft

The Justine Henin Academy cannot accept any liability whatsoever in the event of theft. Moreover it is strongly advised not to bring any valuables with you to the academy.

4. Use of illegal products

The use of illegal products (including alcohol) is completely forbidden at the Justine Henin Academy. Any proof of use shall result in the immediate exclusion of the candidate.

5. Cancellation

If the candidate should decide to cease the academy program, they must inform the Justine Henin Academy by registered letter. In some cases the candidate may be given the opportunity to obtain a refund of the fees advanced. However, the candidate shall still owe the fees payable by them in accordance with the program rates.

6. Force majeure

In case exceptional events should result in the inability to continue to practice tennis, the Justine Henin Academy shall not be obliged to refund fees already paid by parents. The Justine Henin Academy must on the other hand find a satisfactory alternative solution in order to remedy the situation as quickly as possible.

7. Insurance

Registration of the candidate includes "civil liability" insurance taken out by the Justine Henin Academy for its activities. The insurance included shall not under any circumstances be applicable outside the activities or programmes of the Justine Henin Academy. Consequently the parents are responsible for taking out additional cover.

8. Medical treatment

The parents are responsible for disclosing that there is no impediment to the candidate that might result in major difficulties while practising sport. The parents are responsible for such acts. In accordance with the "medical information" section, the parents grant permission to the Justine Henin Academy to fulfil all the deeds necessary in the case of hospitalisation or surgery.

9. Right to one's image

The Justine Henin Academy reserves the right to use photographs or press articles relating to one of its players.

I agree with the terms of the present general condition.

Participant (Adult) or Parent/Guardian's Signature: _____ **Date:** _____

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TENNIS INFORMATION

How many years have you played tennis? _____

At what age did you start playing tennis? _____

How many training sessions a week? _____

How many hours of training a week? _____

Number of matches played per year? _____

National ranking? _____

Ranking WTA: _____ ATP: _____ ITF: _____

Club: _____

Right-handed

Left-handed

Type of game: _____

If you are not Belgian, have you already played and obtained a ranking in Belgium? _____

If yes, what is your ranking? _____ and your federation number? _____

Best competition results:

AUTHORISATION

CONSENT TO TREATMENT

No student will be allowed to register without the consent for treatment and Student Medical Information Form.

This document certifies that _____ the parent/Guardian's of _____ authorises the Justine Henin Tennis Academy to fulfil the necessary acts on their behalf in the event of hospitalisation resulting in any kind of intervention (including surgery)
Signature of the parents/Guardian's: _____

Date: _____

INSURANCE INFORMATION

Insurance Company: _____ Group or Policy: _____

Name of Insured: _____ Relationship to Participant: _____

Insurance Company Address: _____

Insurance Company Phone: _____

Please attach a photocopy of the Social Security Certificate as well as the other documents required.

CREDIT CARD INFORMATION

I authorise the Justine Henin Academy to use our credit card to pay for hospital expenses:

Visa Mastercard American Express Diner's Club

Credit Card number: _____ Expiration date: _____

Name on Card: _____ Signature of Card Holder: _____

MEDICAL INFORMATIONS

MEDICAL HISTORY

Do you currently have one or more injury (injuries) or one or more incidences of pain?

- In what place(s)? (Please indicate on the diagram attached)

- What is the intensity of the pain in each place? (from 0 to 10)

- Have you undergone medical examination? If yes, which?

- Must you follow treatment?

- Must you take medication? If yes, which?

- Must you take dietary supplements? If yes, which?

What is your medical history as regards injury?

Date	Duration of disability	Treatment followed	Are there any after effects?

What is your family medical history in terms of illness?

Have you had all your vaccination booster shots?

MEDICAL CERTIFICATE

I, the undersigned, Doctor: _____

Resident at: _____

Certify today having examined Mr, Mrs, Miss _____

Born on ____ / ____ / ____

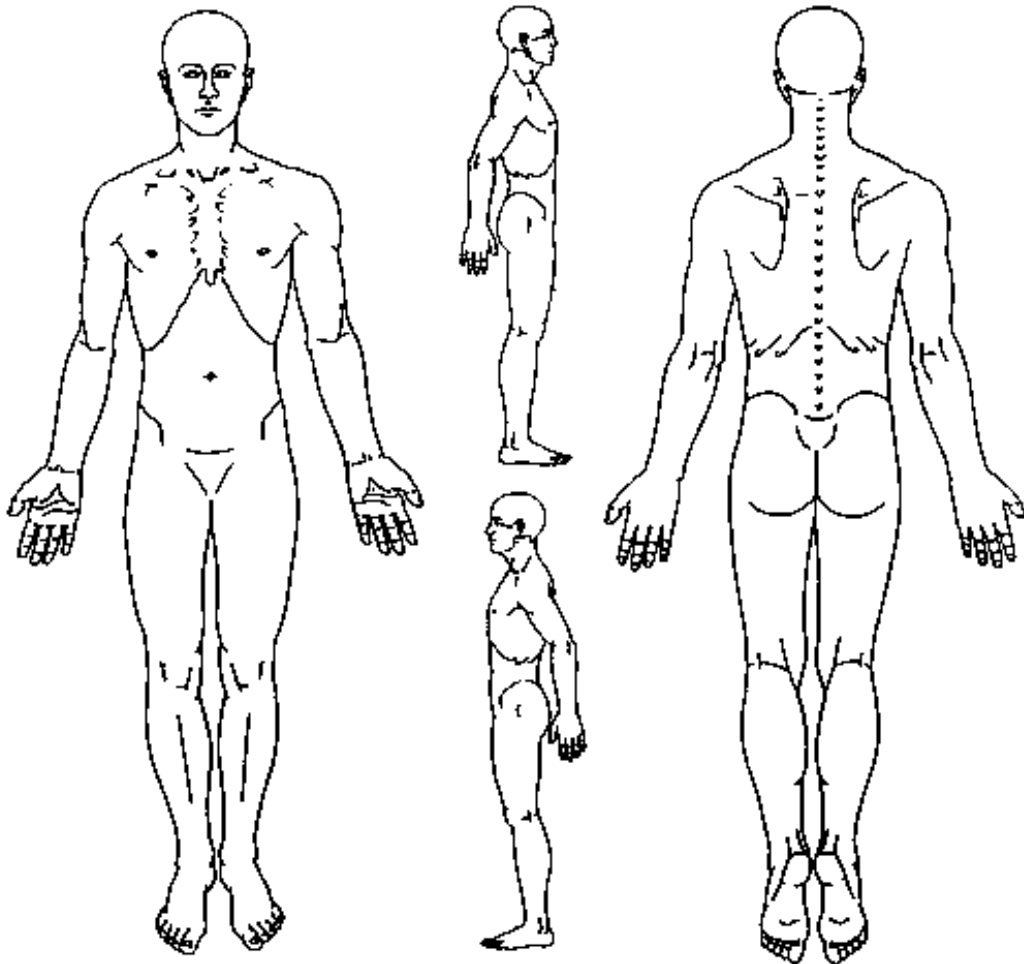
And on this date have not established any clear clinical symptoms contraindicating the exercise of the following competition sports: TENNIS

Done at _____, on ____ / ____ / ____

Doctor's stamp

Doctor's signature

Pain diagram



Indicate any additional elements if necessary (use a separate page if necessary)

I, the undersigned, _____ certify that all the information given above is true and that any false declaration may result in complications for which I shall hold full responsibility. I also realise that all use of alcohol or illegal drugs is strictly prohibited at the Justine Henin Tennis Academy and shall result in immediate expulsion.

Signature of applicant: _____ Name: _____ Date: _____

Signature of the parents: _____ Name: _____ Date: _____