**BACKGROUND**

As the exclusive Caribbean destination sponsor for the 2019 Miami Open, one of the British Virgin Island’s mandate is to push Tourism Education in the BVI. IMG Academy, located in Florida has afforded us the opportunity to select three aspiring BVI athletes to attend a “Week Youth Core Boarding Camp”. This academy has trained several tennis professionals who recently competed in the 2018 Miami Open. IMG Academy is also known as the “World’s Best Sports Camps”- It is where people from around the world come to be their own, personal best. This is an opportunity for our youths’ potential to become a reality. The IMG Academy can make a difference based on its unmatched holistic approach to developing athletes of all ages and skill levels. This approach includes Elite Coaching, Total Development Methodology, All-Inclusive Accommodations, Professional-Quality Facilities, Technology and a History of Results. An IMG Academy camp experience is the ultimate combination of training and fun.

**CRITERIA**

In awarding this scholarship, candidates must fulfil the following criteria:

* Candidate must be a British Virgin Islander between the ages of 10 - 18
* Must possess a BVI passport, Belonger’s Card, or Birth Certificate and be eligible for travel to the USA
* Must have a GPA of 3.0 or higher
* Must provide two (2) references (Personal and Professional)
* Candidates must be in good physical health and must be able to provide medical documentation
* The Candidate must be of good character as they will represent the BVI
* Proof of Health Insurance Coverage
* Must be able to travel between August 1, 2019 – September 1, 2019

**GENERAL GUIDELINES**

1. Scholarship recipient can select from tennis, baseball and track & field
2. Not redeemable for cash or private lessons.
3. Program cannot be changed, shared, or adjusted.
4. Additional programs and nights will be charged at full retail price, payable by scholarship recipient.
5. Valid for **one year (only) from issued date**. Certificate must be presented at check-in.
6. All forms must be completed and approved prior to arrival.
7. Transferring of certificate must be in writing from the original recipient of the certificate with the return of the original so that a new certificate may be processed. (New certificate will indicate original purchase date.)

**DEADLINE FOR APPLICATIONS**

* All applications must be submitted to the **BVI Tourist Board by April 30th, 2019**
* Short-listed applicants will be contacted for a personal interview which is mandatory.

PHOTO

**For further information please contact RaeNisia Scatliffe, Marketing Manager at the BVITB by telephone at 494-3134 or by e-mail at** [**imgacademy@bvitourism.com**](mailto:imgacademy@bvitourism.com)

Please complete in **BLOCK** letters in blue or black ink and submit by **April 30, 2019.**

**APPLICANT INFORMATION**

**First Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **M.I.** \_\_\_\_\_\_\_\_ **Last Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOB** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Gender**  □ Male □ Female

**MM/DD/YYYY**

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of School**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade**\_\_\_\_\_\_\_\_ **Current GPA**\_\_\_\_\_\_\_\_

**Selected Sport** □ Baseball □ Basketball □ Tennis □ Track & Field

**PARENT/GUARDIAN INFORMATION**

**Parent/Guardian’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Occupation**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACTS** *Please provide two (2) emergency contacts* ***with*** *two contact numbers.*

**Emergency Contact**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone [1]**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[2]**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone [1]**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[2]**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL HISTORY**

* Does your child take daily medications? □ Yes □ No

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Does your child have any allergies; food or otherwise? □ Yes □ No

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Does your child have any dietary restrictions? □ Yes □ No

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Does your child have any past or present injuries or conditions that might affect his/her ability to participate in physical activities while at the camp? □ Yes □ No

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Child’s Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSURANCE INFORMATION**

Is the applicant currently covered by health insurance? □ Yes □ No

*If yes, please provide the following information*:

**MM/DD/YYYY**

**Insurance Provider** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Exp. Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Policy Holder’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Policy Number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMED CONSENT AND ACKNOWLEDGEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give my approval for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to participate in any and all activities prepared by IMG Academy during the selected camp. I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless IMG Academy, and The BVI Tourism Board and all its respective directors, officers, employee’s agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions. Further, I assume on behalf of my Minor Child all the responsibility and/or risk of any kind by virtue of any activity they may undertake while participating in the activities at the IMG Camp; and, further acknowledge that IMG Academy and The BVI Tourism Board makes no warranties of any kind with respect to participation in Camp events, the grounds, facilities or equipment used at the Camp. I understand the existence of and assume the entire risk, on behalf of my child, of all dangerous conditions arising from and inherent in participation in sports activities, beyond the ordinary care that IMG will take to make sure that such activities are safe for my child; and expressly waive the existence of any conditions which may deemed unsafe, and expressly waive any claim against BVI Tourist Board for the existence of such conditions.

In case of injury to said child, I hereby waive all claims against IMG Academy including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities, including tennis and baseball.

**RIGHTS TO PUBLICITY**

I give to BVI Tourist Board, or anyone authorized by BVI Tourist Board, the absolute right and permission, to use, re-use, edit, publish and republish my child’s name and biographical material about my Child and photographic portraits, pictures or video of them, or in which they may be included in whole or in part, or composite or distorted in character, or form, in any media format including brochures and other materials which promote, publicize, advertise, and otherwise exploit the BVI Tourist Board’s, as well as The Government of the British Virgin Islands (collectively, the “BVI Parties”) regarding my Child’s participation in the IMG Academy program, in perpetuity. BVI Parties, shall have the right at their sole option to copyright any material which may include the images set forth above, free from any ownership claim from my Child, and without any obligation to compensate me or my Child. I waive any right that I may have to inspect or approve the finished product or the advertising or other copy that may be used regarding the Materials or their use. I release and discharge the Releases and all persons acting under BVI’s permission or authority, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of the pictures, or in any processing tending toward the completion of the finished product, unless it can be shown that it and the publication of it were maliciously caused, produced and published for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity

**MORAL TURPITUDE**

I, acknowledge that my Child shall be representing the BVI Government, and BVI Tourist Board (the “BVI Parties”) while participating in the IMG Academy Camp. Therefore, I understand that my Minor Child will be expected to conduct themselves in a responsible manner while attending the IMG Academy and not to engage in activities or take any action that will result in tarnishment or disrepute in any manner to the reputation of the BVI Government or the BVI Tourist Board. If my Child violates this clause and because of the violation, causes any reputational damage to the BVI parties, then in addition to any other remedies the BVI parties may pursue, I will be liable to repay the full cost of my Child’s attendance at the IMG Academy Camp.

**MEDICAL RELEASE AND AUTHORIZATION**

As Parent and/or Guardian of the applicant, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the sole opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor’s life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the applicant. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to IMG Academy and its affiliates including Directors, Coaches, and Team Parents to provide the needed emergency treatment prior to the child’s admission to the medical facility.

**ACKNOWLEGMENT**

This release is authorized and executed of my own free will, with the sole purpose of acknowledging the above terms and conditions of my Child’s participation at the IMG Academy Camp; and in addition, authorizing medical treatment of my Child, if necessary, under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

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

**Parent/Guardian Date**

**BIOGRAPHY**

*In a minimum of* ***300 words****, explain why you would like to take advantage of this opportunity and what does this sport mean to you. If selected, how can you be an ambassador for the British Virgin Islands?*

**CHECKLIST**

Please ensure the following are completed and attached to the below address on/before **April 1, 2019**:

* + Scholarship application form completed in **BLOCK** letters in blue or black ink.
  + Education institution records *e.g.* *Transcript / Proof of current GPA*
  + Copy of proof of citizenship
  + Two passport sized photographs
  + Two references (Personal and Professional)
  + Biography - Why should you be awarded this Scholarship
  + Consent and Medical Release

**APPLICATION SUBMISSION ADDRESS:**

**IMG ACADEMY SCHOLARSHIP**

**c/o British Virgin Islands Tourist Board**

**3rd Floor**

**Geneva Place**

**Road Town, Tortola,**

**British Virgin Islands VG 1110**