

Orlando Metro Gymnastics Baldwin Park

4915 New Broad St, Orlando 32814
(407) 644-0847 Fax (407) 644-7738
www.orlandometrogyms.com



2019/20 Kidz Sports Holiday Day Camp

Ages: 4-17 years

Camp Hours:

Full Day 7:30am to 6:00pm

Half Day 7:30am-12:30pm or 1:00pm-6:00pm

Day Camp <u>WEEKLY</u> Rates:	5 Full Days	\$165.00	5 Half Days	\$125.00
	4 Full Days	\$145.00	4 Half Days	\$115.00
	3 Full Days	\$125.00	3 Half Days	\$95.00
	2 Full Days	\$95.00	2 Half Days	\$75.00
	1 Full Day	\$49.00	1 Half Day	\$40.00

Activities: Gymnastics, Bounce House, Arts & Crafts, Outdoor Games & much more!

1st Child's Name: _____ Age _____ DOB _____ M/F

2nd Child's Name: _____ Age _____ DOB _____ M/F

3rd Child's Name: _____ Age _____ DOB _____ M/F

Allergies/Medical Condition: _____ (Specify which child)

Parent(s) Name: _____

Address: _____ City _____ State _____ Zip _____

Email Address (elective) : _____

Primary Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Emergency Contact _____ Telephone #(_____) _____ - _____

Initial Each Policy

- _____ Fees for your first week of Camp are due at time of registration.
- _____ Please bring 2 snacks, lunch and drinks. No jeans, skirts, buttons or buckles.
- _____ Payment will be automatically charged to the credit card on file for the days you registered for, alternate forms of payment must be received by the Thursday prior to the week/day of your child's camp attendance.
- _____ There is a \$10.00 per day/per child walk in fee if not registered by 6:00pm the day prior to attendance. Registration includes paperwork submitted and payment received in full. Voicemail messages and emails excluded.
- _____ Days selected must be changed or cancelled no later than the Thursday prior to the week/day of attendance otherwise you are financially responsible for the camp fees. No day exchanges or credits will be given.
- _____ A guaranteed form of payment in the form of a credit card is required on all accounts unless you are paying in full at time of registration.
- _____ No Refunds, Exchanges or Credits will be given on registration fees or tuition for missed and/or cancelled days regardless of illness/injury. No exceptions will be made to this policy.
- _____ Late Fee of \$5 for every 5 minutes late picking up past 6:00pm daily.
- _____ Ages 5 & under are required to wear a swim vest regardless of swimming ability. Swim vest provided by us.

Authorized Adults (Over 18) Allowed to Pick Up: (must know code word and/or show ID)

Code Word: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Orlando Metro Gymnastics Baldwin Park

2019/2020 Kidz Sports School Holiday Day Camps

1st Child Name _____ Age _____ M/F _____
2nd Child Name _____ Age _____ M/F _____
3rd Child Name _____ Age _____ M/F _____

PLEASE INITIAL SELECTIONS

Tuesday, September 3rd	_____ Full Day	_____ Half Day	(PM/AM)
Wednesday, September 4th	_____ Full Day	_____ Half Day	(PM/AM)
Friday, October 18th	_____ Full Day	_____ Half Day	(PM/AM)
Monday, November 25th	_____ Full Day	_____ Half Day	(PM/AM)
Tuesday, November 26th	_____ Full Day	_____ Half Day	(PM/AM)
Wednesday, November 27th	_____ Full Day	_____ Half Day	(PM/AM)
Monday, December 23rd	_____ Full Day	_____ Half Day	(PM/AM)
Thursday, December 26th	_____ Full Day	_____ Half Day	(PM/AM)
Friday, December 27th	_____ Full Day	_____ Half Day	(PM/AM)
Monday, December 30th	_____ Full Day	_____ Half Day	(PM/AM)
Thursday, January 2nd	_____ Full Day	_____ Half Day	(PM/AM)
Friday, January 3rd	_____ Full Day	_____ Half Day	(PM/AM)
Monday, January 6th	_____ Full Day	_____ Half Day	(PM/AM)
Monday, January 20th	_____ Full Day	_____ Half Day	(PM/AM)
Monday, February 17th	_____ Full Day	_____ Half Day	(PM/AM)
Friday, March 13th	_____ Full Day	_____ Half Day	(PM/AM)
Monday, March 16th	_____ Full Day	_____ Half Day	(PM/AM)
Tuesday, March 17th	_____ Full Day	_____ Half Day	(PM/AM)
Wednesday, March 18th	_____ Full Day	_____ Half Day	(PM/AM)
Thursday, March 19th	_____ Full Day	_____ Half Day	(PM/AM)
Friday, March 20th	_____ Full Day	_____ Half Day	(PM/AM)

2020 Summer Camp Begins Thursday, May 28th!

Thank you for choosing Orlando Metro Gymnastics Baldwin Park!

Orlando Metro Gymnastics Baldwin Park

2019/2020 Kidz Sports School Holiday Day Camps

1st Child Name _____ Age _____ M/F _____

2nd Child Name _____ Age _____ M/F _____

3rd Child Name _____ Age _____ M/F _____

PLEASE INITIAL SELECTIONS

Monday, March 23rd	_____ Full Day	_____ Half Day	(PM/AM)
Tuesday, March 24th	_____ Full Day	_____ Half Day	(PM/AM)
Wednesday, March 25th	_____ Full Day	_____ Half Day	(PM/AM)
Thursday, March 26th	_____ Full Day	_____ Half Day	(PM/AM)
Friday, March 27th	_____ Full Day	_____ Half Day	(PM/AM)

Monday, _____	_____ Full Day	_____ Half Day	(PM/AM)
Tuesday, _____	_____ Full Day	_____ Half Day	(PM/AM)
Wednesday, _____	_____ Full Day	_____ Half Day	(PM/AM)
Thursday, _____	_____ Full Day	_____ Half Day	(PM/AM)
Friday, _____	_____ Full Day	_____ Half Day	(PM/AM)

Monday, _____	_____ Full Day	_____ Half Day	(PM/AM)
Tuesday, _____	_____ Full Day	_____ Half Day	(PM/AM)
Wednesday, _____	_____ Full Day	_____ Half Day	(PM/AM)
Thursday, _____	_____ Full Day	_____ Half Day	(PM/AM)
Friday, _____	_____ Full Day	_____ Half Day	(PM/AM)

2020 Summer Camp Begins Thursday, May 28th!

Thank you for choosing Orlando Metro Gymnastics Baldwin Park!

Orlando Metro Gymnastics

www.orlandometrogyms.com

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in the Elite Gymnastics of Orlando, Orlando Metro Gymnastics, & Aquatics-Baldwin Park, Orlando Metro Gymnastics Avalon Park, Orlando Metro Gymnastics Lake Mary, Orlando Metro Gymnastics, Inc and/or its affiliates classes or special events, I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity, I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity.

I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the event takes place, or the negligence of the participant name below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity.

I hereby, release, discharge, and covenant not to sue Elite Gymnastics of Orlando, Orlando Metro Gymnastics, & Aquatics, Orlando Metro Gymnastics Avalon Park, Orlando Metro Gymnastics Lake Mary, Orlando Metro Gymnastics, Inc and/or its affiliates, its respective administrators, directors, agents, offices, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and leasers' of premises on which the activity takes place, (each considered one of the “releasers” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasers” or otherwise, including negligent rescue operation and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasers, I will indemnify, save, and hold harmless each of the Releasers from any loss, liability, damage, or cost, which any may incur as the result of such claim. If claim is filed I understand it must be filed in the county the incident occurred.

PARENTAL CONSENT

I, THE MINOR’S PARENT AND/OR LEGAL GUARDIAN, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights on behalf of my children, myself and any chaperones participating on my behalf, by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I give my permission to Elite Gymnastics of Orlando, Orlando Metro Gymnastics, & Aquatics, Orlando Metro Gymnastics Avalon Park, Orlando Metro Gymnastics Lake Mary, Orlando Metro Gymnastics, Inc and/or its affiliates to use, without limitation of obligation, photographs, film footage, or tape recordings, which may include an individuals image, family image and/or voice for the purpose of promoting or advertising in, but not limited to, print and/or social media.

1st Child’s Name _____ M/F _____ DOB: _____

2nd Child’s Name _____ M/F _____ DOB: _____

3rd Child’s Name _____ M/F _____ DOB: _____

Parent Participant _____ M/F _____ DOB: _____

Address _____ APT #: _____

City, St, Zip _____

Primary Phone _____ Emergency Phone _____

E-mail (to receive updates & info, etc) _____

Printed Name of Parent / Legal Guardian

Signature of Parent / Legal Guardian

Date Signed