

Orlando Metro Gymnastics

Kidz Sports After School Program

2020/2021 Registration Forms

Avalon Park
14170 E. Colonial Dr
Orlando, FL 32826
Ph: (407)207-4110
Fx: (407)207-0611

Baldwin Park
4915 New Broad St.
Orlando, FL 32814
Ph: (407)644-0847
Fx: (407)644-7738

Lake Mary
1180 Emma Oaks Trail
Lake Mary, FL 32746
Ph: (407)333-0907
Fx: (407)

LB McLeod
4658 L. B. McLeod Rd
Orlando, FL 32811
Ph: (407)246-1200
Fx: (407)246-1586

Start Date _____

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

School _____ Grade _____ Teacher _____

Medical Conditions _____ Allergies _____

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

School _____ Grade _____ Teacher _____

Medical Conditions _____ Allergies _____

Parent/Legal Guardian Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone # _____ Emergency Phone # _____

Email (optional) _____

All students are required to have a Code Word on file. Anyone picking up the child MUST know the code word and be capable of presenting photo ID upon request.

What is your Code Word? _____

Authorized Persons For Pick Up INCLUDING parents:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

**We have \$5.00 and \$15.00 Snack Cards available for purchase.
Cards can be used to purchase 50 cent snacks or \$1.50 drinks.
Cards are kept at the snack counter and monitored by our staff.**

Orlando Metro Gymnastics

Kidz Sports After School Program Policies and Procedures

- The Kidz Sports after school program runs from August to June, according to the Orange County School System class schedule. A 2 week (Monday thru Friday) written Drop Notice is required to drop from the program. If notice is not received you are responsible for paying for the 2 weeks. No exceptions are made to this policy. _____ (INTL) .
- Pick up at Orlando Metro Gymnastics is by 6:30pm daily. Every 5 minutes late a \$5.00 penalty will be assessed. _____ (INTL).
- Kidz Sports After School Program tuition is \$75.00 per week per child. No discounts or credits will be given for missed and/or cancelled days including those due to Acts of God. _____ (INTL).
- Annual Non-Refundable \$40 Registration fee is required for 1st child and \$20 Non-Refundable Registration fee for additional siblings. _____ (INTL)
- A valid credit card is required for all registered students. Credit Card will be used for any authorized payments and/or non-payment of tuition and late fees. _____ (INTL)
- The Kidz Sports Afterschool Program is a 5-day/week program only. Weeks are Monday thru Friday. _____ (INTL)
- **Please make sure you notify us by 12:00noon of each day your child is missing.** It takes us a minimum of 1/2 hour to search and determine if your child is supposed to be on the bus. If you do not notify us, it is impossible for us to maintain a schedule for the children to arrive on time and to meet the "pick up" time schedule for the schools. A \$10.00 non-notification fee will be charged to your credit card on file if we are not notified by noon. _____ (INTL).
- I understand tuition for the Kidz Sports After School program is automatically charged to the credit card on file every Friday for the upcoming week. Non-payment results in your child not being allowed to participate in the program. **If your card declines, we cannot pick up your child until account is paid in full. A 10% late fee will be charged to your credit card at noon Saturday for any unpaid balance.** _____ (INTL)
- Orlando Metro Gymnastics offers the Kidz Sports After School participants discounted Day Camp fees for specific holiday and teacher work day Kidz Sports Day Camps. Weekly rates are not prorated for school holidays/workdays. _____ (INTL)
- No personal electronic devices are allowed to be used with exception to ipad/laptops during scheduled homework time. Orlando Metro Gymnastics reserves the right to change this policy at any time.
- Students **MUST PARTICIPATE IN ALL SCHEDULED ACTIVITIES.** Students must bring shorts/gym pants and/or leotard on a daily activities/games. Girls are required to wear a leotard to Gymnastics Class and Boys are required to wear cotton shorts and shirt. Class participation will not be allowed without proper uniform. **No Jeans, skirts, skorts, buttons or zippers are allowed in the gym at any given time.** _____ (INTL)
- If your child is sick they must be picked up from After School. If you cannot pick up early you must make arrangements for someone to pick up your child early. They must be on the Authorized Persons for Pick Up list. _____ (INTL)
- Please send a snack and drink daily with your child. Snacks are not included. Snacks and drinks are available for purchase. _____ (INTL)
- Your child's safety is very important to us. A child's misbehavior on the bus can result in injury to themselves or others on the bus. Please take the time to explain what behavior is or is not allowed on the bus. We will contact you if we have a problem with your child's behavior on the bus.
 1. Student must stay seated at all times while on the bus
 2. Students are not allowed out of their seat to stand or move about in the aisle way
 3. Students may not throw any items
 4. Students may not hit another student
 5. Students must listen at all times to the bus driver. He is the person in authority and will report any misbehavior to the front office when the bus arrives.
- **Behavior Procedures**
 In an effort to provide the best environment for the Kidz Sports After School, behavior procedures have been implemented to ensure that each and every child has the best possible experience in the Kidz Sports After School Program. Behaviors such as :using bad language, not following instructions that will result in harm to themselves or others, fighting, continuous disrespect to staff, failure to participate in all activities etc. The following behavior procedures will be enforced:

1st Offense	Time Out
2nd Offense	Meeting with After School management, staff and child and notifying parent of the situation.
3rd Offense	Meeting with the child and parent
4th Offense	Dismissal from further participation in the Kidz Sports After School Program if staff and management feel harm will come to the child and /or others if participation in After School continues.

I, the applicants parent/legal guardian, hereby agree to abide by the above written policy and procedures in regards to payment, behavior and enrollment into the Orlando Metro Gymnastics Kidz Sports Afterschool program. I understand that my child may be asked to leave the program at any time during the school year. In addition, I agree to all valid charges processed on my credit card and understand I must keep a valid credit card on file at all times.

Print Parent/Guardian Name

Signature of Parent/Guardian

Date

Orlando Metro Gymnastics

Credit Card Authorization Form

Recurring Weekly Charge Authorization

Effective on _____

I hereby authorize Orlando Metro Gymnastics to charge the credit card number below **EVERY FRIDAY** for my After School Program services in the amount of \$_____ per week until proper drop notification/cancellation has been given in writing.

Signature of Cardholder _____

Date Signed _____

Printed Name Cardholder _____

Cardholder Authorization

Child(s) Name: _____

Name on Credit Card: _____

Billing Address for Credit Card: _____

Cardholder Phone Number: _____

Credit Card Number: _____ XXXX XXXX _____

Exp Date: _____ CID: _____

Cardholder Signature: _____ Date: _____

Print Cardholder Name: _____

Orlando Metro Gymnastics

www.orlandometrogymns.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, Orlando Metro Gymnastics Waterford Lakes, 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 lessors' 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 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 Waterford Lakes, Orlando Metro Gymnastics, Inc and/or its affiliates to use, without limitation of obligation, photographs, film footage, or tape recordings, which may include a family's image or voice for the purpose of promoting or advertising.

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

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

3rd Child's Name _____ 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

**Participation, Waiver and Release Agreement
Orlando Metro Gymnastics**

The safety of the children in our care is a top priority for Orlando Metro Gymnastics. For their safety as well as our staff, we have implemented a number of protocols to try to limit the spread of COVID-19. By executing this Agreement you acknowledge receipt of our COVID-19 Protocols. By enrolling or continuing to have your child enrolled at Orlando Metro Gymnastics, you agree to follow our protocols and other rules as we may advise you of from time to time.

LIABILITY RELEASE:

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your enrollment and/ or participation in any of the program or activities of Orlando Metro Gymnastics, now or at any time in the future.

I, on behalf of myself & minor children for whom I am the parent, guardian or authorized adult hereby acknowledge & agree that participation in any programs or classes at Orlando Metro Gymnastics comes with inherent risks. I have full knowledge and understanding of the risks associated with participation, including but not limited to: (1) slips, trips, & falls, (2) athletic injuries, & (3) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that this is not inclusive of all risks associated with participation & that said list does not limit the scope of this Agreement.

In consideration of my minor children enrolling in programs and classes at Orlando Metro Gymnastics, and/or being allowed access to its facilities and/or to participate in its activities and programs, I, individually & on behalf of my minor children, do hereby waive, relieve and forever discharge Orlando Metro Gymnastics, and its officers, directors, agents, employees, representatives, attorneys, executors & all others, of & from any & all responsibility or liability for any claims, causes of action, injuries, damages or losses that I or my minor children may suffer arising out of participating in any activities at Orlando Metro Gymnastics. I, individually and on behalf of my minor children, further agree to adhere to all policies and protocols set by Orlando Metro Gymnastics, including the COVID-19 Protocols.

Communicable Disease / COVID-19 Warning & Disclaimer:

I understand that Coronavirus (COVID-19) is a contagious virus that spreads easily. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in group activities, such as those offered at Orlando Metro Gymnastics, could increase the risk of contracting COVID-19. I understand that Orlando Metro Gymnastics in no way warrants that COVID-19 infection will not occur through use of facilities at Orlando Metro Gymnastics. On behalf of myself and my minor children, I knowingly and voluntarily assume the risks of injury or loss suffered as a result of participating in the preschool or use of programs or facilities at Orlando Metro Gymnastics, including the risk of contracting COVID-19.

I have signed this document knowingly and voluntarily this ___ day of ____, 20 ___.

Signature: _____

Printed Name: _____