

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

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

Lake Mary (LM)  
1180 Emma Oaks Trail  
Lake Mary, FL 32746  
Ph: (407)333-0907  
Fx: (407)444-9009

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



# Orlando Metro Gymnastics

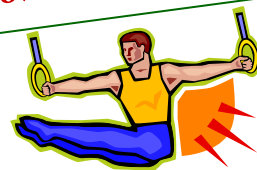
## 2021/22 Kidz Sports Holiday Day Camp

**Ages: 4-17 years**

### Camp Hours:

Full Day 7:30am to 6:00pm

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



<b>Day Camp <u>WEEKLY</u> Rates:</b>	<b>5 Full Days \$170.00</b>	<b>5 Half Days \$130.00</b>
	<b>4 Full Days \$150.00</b>	<b>4 Half Days \$120.00</b>
	<b>3 Full Days \$130.00</b>	<b>3 Half Days \$100.00</b>
	<b>2 Full Days \$100.00</b>	<b>2 Half Days \$80.00</b>
	<b>1 Full Day \$55.00</b>	<b>1 Half Day \$45.00</b>

[www.orlandometrogyms.com](http://www.orlandometrogyms.com)

**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 : \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone #(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Initial Each Policy

\_\_\_\_\_ Fees for your first week of Camp are due at time of registration. (\$50.00 non refundable deposit)

\_\_\_\_\_ 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.

Code Word: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Orlando Metro Gymnastics**  
2021/22 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**

Friday, October 8th	_____ Full Day	_____ Half Day	(PM/AM)
*Friday, October 29th (LB,BP,AP)	_____ Full Day	_____ Half Day	(PM/AM)
Monday, November 22nd	_____ Full Day	_____ Half Day	(PM/AM)
Tuesday, November 23rd	_____ Full Day	_____ Half Day	(PM/AM)
Wednesday, November 24th	_____ Full Day	_____ Half Day	(PM/AM)
Monday, December 20th	_____ Full Day	_____ Half Day	(PM/AM)
Tuesday, December 21st	_____ Full Day	_____ Half Day	(PM/AM)
Wednesday, December 22nd	_____ Full Day	_____ Half Day	(PM/AM)
Thursday, December 23th	_____ Full Day	_____ Half Day	(PM/AM)
Monday, December 27th	_____ Full Day	_____ Half Day	(PM/AM)
Tuesday, December 28th	_____ Full Day	_____ Half Day	(PM/AM)
Wednesday, December 29th	_____ Full Day	_____ Half Day	(PM/AM)
Thursday, December 30th	_____ Full Day	_____ Half Day	(PM/AM)
Friday, December 31st	_____ Full Day	_____ Half Day	(PM/AM)
Monday, January 3rd	_____ Full Day	_____ Half Day	(PM/AM)
*Monday, January 4th (LM)	_____ Full Day	_____ Half Day	(PM/AM)
Monday, January 17th	_____ Full Day	_____ Half Day	(PM/AM)
Monday, February 21st	_____ Full Day	_____ Half Day	(PM/AM)
*Friday, March 11th (LB,BP,AP)	_____ Full Day	_____ Half Day	(PM/AM)
Monday, March 14th	_____ Full Day	_____ Half Day	(PM/AM)
Tuesday, March 15th	_____ Full Day	_____ Half Day	(PM/AM)
Wednesday, March 16th	_____ Full Day	_____ Half Day	(PM/AM)
Thursday, March 17th	_____ Full Day	_____ Half Day	(PM/AM)
Friday, March 18th	_____ Full Day	_____ Half Day	(PM/AM)
*Monday, March 21st (LM)	_____ Full Day	_____ Half Day	(PM/AM)

\*Days in blue are not available at all locations, please call for more information.

**2022 Summer Camp Begins Thursday, May 26th!**

**Thank you for choosing Orlando Metro Gymnastics!**

# 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 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 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

**FOR OFFICE USE ONLY**

Trial Date: \_\_\_\_\_ Class: \_\_\_\_\_

**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: \_\_\_\_\_