

Avalon Park (AP)  
14180 E. Colonial Dr  
Bldg. #200  
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



## Kidz Sports Summer Day Camp

**Ages: 4-17**

### Camp Hours:

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

**10% Sibling Discount**



<b>Annual Registration Fee:</b>	<b>\$20 1st child, \$10 each additional sibling</b>
<b>Day Camp <u>WEEKLY</u> Rates:</b>	<b>5 Full Days \$175.00      5 Half Days \$135.00</b>
	<b>4 Full Days \$155.00      4 Half Days \$125.00</b>
	<b>3 Full Days \$135.00      3 Half Days \$105.00</b>
	<b>2 Full Days \$105.00      2 Half Days \$ 85.00</b>
	<b>1 Full Day \$ 57.00      1 Half Day \$ 47.00</b>

**Activities: Gymnastics, Bounce House, Trampoline, Tumble Track, Arts & Crafts, & much more!**

1st Childs Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ M/F

2nd Childs Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ M/F

3rd Childs Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ M/F

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Code Word \_\_\_\_\_ Allergies \_\_\_\_\_ Medical Conditions \_\_\_\_\_

### Read & Initial Each Policy

- \_\_\_\_\_ No jeans. No zippers, skirts, buttons or buckles. Campers will not be allowed to participate in gym activities if they are not properly dressed.
- \_\_\_\_\_ Fees for your first week of Camp and Annual Registration fee are due at time of registration.
- \_\_\_\_\_ Please bring 2 snacks, lunch and drinks daily. We do sell snacks and drinks at the facility for your convenience.
- \_\_\_\_\_ Payment will be automatically charged to the credit card on file every Friday 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.
- \_\_\_\_\_ A guaranteed form of payment in the form of a credit card is required on all accounts unless you are paying for the entire summer up front.
- \_\_\_\_\_ No Refunds, Exchanges or Credits will be given on registration fees or tuition for missed 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.
- \_\_\_\_\_ Field trips are on a first come basis. No refunds or credits will be given for missed and/or cancelled field trips regardless of illness/injury/camp attendance.
- \_\_\_\_\_ Purchase of \$10 plus tax Yellow Metro Camp T-shirt is required to attend field trips.
- \_\_\_\_\_ I have read and understand all the above policies.

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

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

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

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

# Orlando Metro Gymnastics

## 2022 Kidz Sports Summer Day Camp

1st Childs Name \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_  
 2nd Childs Name \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_  
 3rd Childs Name \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_

**Please INITIAL your day selections. Half Day Selections please indicate AM or PM**

Thurs., May 26th     Full     Half  
 Fri., May 27th     Full     Half

Tue., May 31st     Full     Half  
 Wed., June 1st     Full     Half  
 Thur., June 2nd     Full     Half  
 Fri., June 3rd     Full     Half

Mon., June 6th     Full     Half  
 Tue., June 7th     Full     Half  
 Wed., June 8th     Full     Half  
 Thur., June 9th     Full     Half  
 Fri., June 10th     Full     Half

Mon., June 13th     Full     Half  
 Tue., June 14th     Full     Half  
 Wed., June 15th     Full     Half  
 Thur., June 16th     Full     Half  
 Fri., June 17th     Full     Half

Mon., June 20th     Full     Half  
 Tue., June 21st     Full     Half  
 Wed., June 22nd     Full     Half  
 Thur., June 23rd     Full     Half  
 Fri., June 24th     Full     Half

Mon., June 27th     Full     Half  
 Tue., June 28th     Full     Half  
 Wed., Jun 29th     Full     Half  
 Thur., June 30th     Full     Half  
 Fri., July 1st     Full     Half

Tues., July 5th     Full     Half  
 Wed., July 6th     Full     Half  
 Thurs., July 7th     Full     Half  
 Fri., July 8th     Full     Half

Mon., July 11th     Full     Half  
 Tues., July 12th     Full     Half  
 Wed., July 13th     Full     Half  
 Thurs., July 14th     Full     Half  
 Fri., July 15th     Full     Half

Mon., July 18th     Full     Half  
 Tues., July 19th     Full     Half  
 Wed., July 20th     Full     Half  
 Thur., July 21st     Full     Half  
 Fri., July 22nd     Full     Half

Mon., July 25th     Full     Half  
 Tues., July 26th     Full     Half  
 Wed., July 27th     Full     Half  
 Thurs., July 28th     Full     Half  
 Fri., July 29th     Full     Half

Mon., Aug. 1st     Full     Half  
 Tues., Aug. 2nd     Full     Half  
 Wed., Aug. 3rd     Full     Half  
 Thur., Aug. 4th     Full     Half  
 Fri., Aug. 5th     Full     Half

Mon., Aug. 8th     Full     Half  
 Tues., Aug. 9th     Full     Half

# Orlando Metro Gymnastics

## Recurring Weekly Charge Authorization

Effective on \_\_\_\_\_

I hereby authorize Orlando Metro Gymnastics to charge the credit card number below **EVERY FRIDAY** for my upcoming Day Camp days I have selected. The program services amount is based on the number of days per week I have selected on my registration form. Days selected must be changed or cancelled no later than the Thursday prior to the week/day of attendance otherwise I am financially responsible for the camp fees. **No Refunds, Exchanges or Credits will be given on registration fees or tuition for missed days regardless of illness/injury. No exceptions will be made to this policy.**

\_\_\_\_\_  
Authorized Signature

### Cardholder Authorization

Child(ren) 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: \_\_\_\_\_



www.orlandometrogyms.com

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RELEASE, LIABILITY WAIVER, ASSUMPTION OF RISK, & INDEMNITY AGREEMENT ("Release")
NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF ORLANDOMETRO USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM ORLANDO METRO IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND ORLANDO METRO HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

In consideration of participating in any class, activity or special event hosted (the "Activities"), conducted or facilitated by 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, 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 (collectively "Orlando Metro"), I execute this Release on my behalf and on behalf of the Participants identified below.

I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by the actions or inaction of the Participants, my own, of others participating in the event, the conditions in which the event takes place, or the negligence of the Participant(s) named 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 incurred as a result of participation in the Activities. I understand the nature of the Activities and represent that the Participant(s) is qualified, in good health, and in proper physical condition to participate. As such, I hereby, release, discharge, and covenant not to sue Orlando Metro, from all liability, claims, demands, losses, or damages, on my account and on account of the Participant(s) caused or alleged to be caused in whole or in part by the negligence of Orlando Metro, including negligent rescue or operation of facilities. If, despite executing this Release, if I, or anyone on my behalf, makes a claim against Orlando Metro, I will indemnify, save, and hold harmless Orlando Metro from any loss, liability, damage, or cost, which any may incur as the result of such claim. Any claim arising out of this Release shall first be submitted to voluntary mediation in Orange, County, Florida. Venue for any dispute shall be in Orange County, Florida.

I, THE PARENT AND/OR LEGAL GUARDIAN of the Participant(s) named below, understand the nature of the Activities, and the Participant is physically able, capable and qualified to participate in same and has no medical infirmity or disability. I have read the Release and understand that I have given up substantial rights on behalf of the Participant(s), myself and any designee. I am executing this Release freely and voluntarily and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I further give my permission to Orlando Metro to use, without obligation, photographs, film footage, or tape recordings 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

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