

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



2022/2023 Kidz Sports 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



Day Camp <u>WEEKLY</u> Rates:	5 Full Days \$175.00	5 Half Days \$135.00
	4 Full Days \$155.00	4 Half Days \$125.00
	3 Full Days \$135.00	3 Half Days \$105.00
	2 Full Days \$105.00	2 Half Days \$ 85.00
	1 Full Day \$ 57.00	1 Half Day \$ 47.00

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.
- _____ 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

2022/2023 Kidz Sports 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**

Monday, October 3rd*No Lake Mary* _____ Full Day _____ Half Day (PM/AM)
Friday, October 7th _____ Full Day _____ Half Day (PM/AM)

Monday, November 21st _____ Full Day _____ Half Day (PM/AM)
Tuesday, November 22nd _____ Full Day _____ Half Day (PM/AM)
Wednesday, November 23rd _____ Full Day _____ Half Day (PM/AM)

Monday, December 19th _____ Full Day _____ Half Day (PM/AM)
Tuesday, December 20th _____ Full Day _____ Half Day (PM/AM)
Wednesday, December 21st _____ Full Day _____ Half Day (PM/AM)
Thursday, December 22nd _____ Full Day _____ Half Day (PM/AM)
Friday, December 23rd _____ Full Day _____ Half Day (PM/AM)

Monday, December 26th _____ Full Day _____ Half Day (PM/AM)
Tuesday, December 27th _____ Full Day _____ Half Day (PM/AM)
Wednesday, December 28th _____ Full Day _____ Half Day (PM/AM)
Thursday, December 29th _____ Full Day _____ Half Day (PM/AM)
Friday, December 30th _____ Full Day _____ Half Day (PM/AM)

Monday, January 2nd*No Lake Mary* _____ Full Day _____ Half Day (PM/AM)
Tuesday, January 3rd*No Lake Mary* _____ Full Day _____ Half Day (PM/AM)
Monday, January 16th _____ Full Day _____ Half Day (PM/AM)

Monday, February 20th _____ Full Day _____ Half Day (PM/AM)

Friday, March 10th*No Lake Mary* _____ Full Day _____ Half Day (PM/AM)
Monday, March 13th _____ Full Day _____ Half Day (PM/AM)
Tuesday, March 14th _____ Full Day _____ Half Day (PM/AM)
Wednesday, March 15th _____ Full Day _____ Half Day (PM/AM)
Thursday, March 16th _____ Full Day _____ Half Day (PM/AM)
Friday, March 17th _____ Full Day _____ Half Day (PM/AM)

2023 Summer Camp Begins Friday, May 26th– Lake Mary!
2023 Summer Camp Begins Monday, May 29th– All Other Locations!

Thank you for choosing Orlando Metro Gymnastics!

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: _____