

Avalon Park (AP)
14180 E. Colonial Dr
Bldg. #200
Orlando, FL 32826
Ph: (407) 207-4110

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

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

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

St. Cloud (SC)
1421 Hamlin Ave
St. Cloud, FL 34771
Ph: (407) 556-3174



2024 Kidz Sports Summer Day Camp

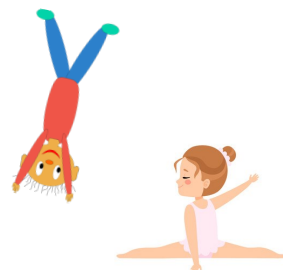
Ages: 4-17

Camp Hours:

Full Day 7:30am to 6:00pm

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

10% Sibling Discount



Registration Fee (If Applicable): \$25 1st child, 50% off each additional sibling

Day Camp <u>WEEKLY</u> Rates:	5 Full Days \$185.00	5 Half Days \$145.00
	4 Full Days \$165.00	4 Half Days \$135.00
	3 Full Days \$145.00	3 Half Days \$115.00
	2 Full Days \$115.00	2 Half Days \$ 95.00
	1 Full Day \$ 65.00	1 Half Day \$ 55.00

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.
- _____ 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

2024 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**

Tue., May 28th _____ Full _____ Half
 Wed., May 29th _____ Full _____ Half
 Thur., May 30th _____ Full _____ Half
 Fri., May 31st _____ Full _____ Half

Mon., June 3rd _____ Full _____ Half
 Tue., June 4th _____ Full _____ Half
 Wed., June 5th _____ Full _____ Half
 Thur., June 6th _____ Full _____ Half
 Fri., June 7th _____ Full _____ Half

Mon., June 10th _____ Full _____ Half
 Tue., June 11th _____ Full _____ Half
 Wed., June 12th _____ Full _____ Half
 Thur., June 13th _____ Full _____ Half
 Fri., June 14th _____ Full _____ Half

Mon., June 17th _____ Full _____ Half
 Tue., June 18th _____ Full _____ Half
 Wed., June 19th _____ Full _____ Half
 Thur., June 20th _____ Full _____ Half
 Fri., June 21st _____ Full _____ Half

Mon., June 24th _____ Full _____ Half
 Tue., June 25th _____ Full _____ Half
 Wed., Jun 26th _____ Full _____ Half
 Thur., June 27th _____ Full _____ Half
 Fri., June 28th _____ Full _____ Half

Mon., July 1st _____ Full _____ Half
 Tues., July 2nd _____ Full _____ Half
 Wed., July 3rd _____ Full _____ Half
 Fri., July 5th _____ Full _____ Half

Mon., July 8th _____ Full _____ Half
 Tues., July 9th _____ Full _____ Half
 Wed., July 10th _____ Full _____ Half
 Thurs., July 11th _____ Full _____ Half
 Fri., July 12th _____ Full _____ Half

Mon., July 15th _____ Full _____ Half
 Tues., July 16th _____ Full _____ Half
 Wed., July 17th _____ Full _____ Half
 Thur., July 18th _____ Full _____ Half
 Fri., July 19th _____ Full _____ Half

Mon., July 22nd _____ Full _____ Half
 Tues., July 23rd _____ Full _____ Half
 Wed., July 24th _____ Full _____ Half
 Thurs., July 25th _____ Full _____ Half
 Fri., July 26th _____ Full _____ Half

Mon., July 29th _____ Full _____ Half
 Tues., July 30th _____ Full _____ Half
 Wed., July 31st _____ Full _____ Half
 Thur., Aug. 1st _____ Full _____ Half
 Fri., Aug. 2nd _____ Full _____ Half

Mon., Aug. 5th _____ Full _____ Half
 Tues., Aug. 6th _____ Full _____ Half
 Wed., Aug. 7th _____ Full _____ Half
 Thur., Aug. 8th _____ Full _____ Half
 Fri., 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: _____



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Ph: (407) 246-1200

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1421 Hamlin Ave
St. Cloud, FL 34771
Ph: (407) 556-3174

www.orlandometrogyms.com

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 Baldwin Park, Orlando Metro Gymnastics Avalon Park, Orlando Metro Gymnastics Lake Mary, Orlando Metro Gymnastics St. Cloud, 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