



www.orlandometrogyms.com

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

Primary Phone # ( ) -

1st Child Full Name M/F DOB Class

2nd Child Full Name M/F DOB Class

3rd Child Full Name M/F DOB Class

Parent/Guardian Full Name Email

Address City State Zip

License# Employer Work # Cell#

Emergency Contact Emergency#

Allergies/Medical Conditions

Tuition Payment Option (initial your selection)

- Monthly Payment Plan (due on the 1st)
3 Month Payment Plan (5% discount)
6 Month Payment Plan (7% discount)
Yearly Payment Plan (10% discount)

I understand the 30 day Drop Policy applies regardless of the payment option I have selected above.

FOR OFFICE USE ONLY

Annual Registration

1st Child Tuition

2nd Child Tuition

Total Fees Due Today

Registered by: Date:

I authorize Orlando Metro Gymnastics to bill my credit card ending in for any current or past due balance on my account per the policies listed below.

Signature: Date:

I request Monthly Automatic Charge to my credit card on file ending in.

Signature: Date:

\*\*Please hand credit card to front office staff upon registration regardless of Auto Pay selection\*\*

(Initial Each Line) Orlando Metro Gymnastics Policies

Tuition is due on the 1st day of the calendar month. A 10% Late Fee is added on the 6th of the month. Past due balances will automatically be charged to your credit card on file on the 6th of the month. Delinquent accounts will be filed with credit bureau.

Annual Registration fee and Tuition are Non-Refundable. Annual Registration fee will automatically be charged to your credit card on file automatically on the 1st day of your renewal month.

A \$30 NSF will be charged on returned checks. A valid credit card is required for registration. There is a 3% processing fee if a refund situation should occur.

One make up class may be scheduled for every two missed classes. Make ups must be scheduled within 60 days of missed classes. Make ups cannot be done after you have dropped classes. Classes are held year round based on the Orlando Metro Calendar. Make ups will be scheduled based on Orlando Metro availability/schedule.

There are no make ups or tuition credits for missed and/or cancelled classes due to natural disasters and/or acts of god.

I understand and agree I am obligated to give a "30 day written drop notice" on the 1st day of the calendar month prior to the month dropping. I agree to pay one month full tuition if written notice not given. This applies to ANY drop at ANY time. I understand there are NO exceptions to this policy. Drop notices are only accepted in person. No fax, email or postal service delivery will be accepted.

Account must be paid current in order for students to participate in class.

Gymnast may lose spot in preferred class if account is not paid on time however this does not alleviate financial obligations.

PreSchool Parents are required to stay in the lobby while their child(ren) participate in class.

All parents must be in lobby to pick child up no later than 10 minutes prior to class ending. We are not responsible for your child once class is dismissed.

I understand participation in gymnastics, cheerleading, and swimming involve motion, rotation, and height and carries with it a risk of injury or death. I am voluntarily registering my child (ren) for this activity. I understand any medical expenses related from participation in these activities are my sole responsibility. I give permission to Orlando Metro Gymnastics to use, without limitation of obligation, photographs, film footage, or tape recordings, which may include a families image or voice for the purpose of promoting or advertising.

Parent/Guardian Signature Date

Parent/Guardian Printed Name

How did you hear about us?

Who should we thank for your Referral?



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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 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