



Est 1992

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 LB McLeod Rd  
Orlando, FL 32811  
Ph: (407)246-1200

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

## 2024/2025 KIDZ SPORTS AFTER SCHOOL PROGRAM

Start Date \_\_\_\_\_

1st Child's Name \_\_\_\_\_ M/F \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Medical Conditions \_\_\_\_\_ Allergies \_\_\_\_\_

2nd Child's Name \_\_\_\_\_ M/F \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Medical Conditions \_\_\_\_\_ Allergies \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Email (optional) \_\_\_\_\_

All students are required to have a Code Word on file. Anyone picking up the child MUST know the code word and be capable of presenting photo ID upon request.

**What is your Code Word?** \_\_\_\_\_

### Authorized Persons For Pick Up INCLUDING Parents:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**We have \$10.00, \$15.00 and \$20.00 Snack Cards available for purchase. Cards are kept at the snack counter and monitored by our staff.**

# Orlando Metro Gymnastics

## Kidz Sports After School Program Policies and Procedures

- The Kidz Sports after school program runs from August to June, according to the Orange/Seminole/Osceola County School System class schedule.
- A 2 week (Monday thru Friday) written Drop Notice is required to drop from the program. If notice is not received you are responsible for paying for the 2 weeks. No exceptions are made to this policy. \_\_\_\_\_ (INTL) .
- Pick up at Orlando Metro Gymnastics is by 6:30pm daily. Every 5 minutes late a \$5.00 penalty will be assessed. \_\_\_\_\_ (INTL).
- Kidz Sports After School Program tuition is \$80.00 per week per child. No discounts or credits will be given for missed and/or cancelled days including those due to Acts of God. \_\_\_\_\_ (INTL).
- Annual Non-Refundable \$50 Registration fee is required for 1st child and \$25 Non-Refundable Registration fee for additional siblings. \_\_\_\_\_ (INTL)
- A valid credit card is required for all registered students. Credit Card will be used for any authorized payments and/or non-payment of tuition and late fees. \_\_\_\_\_ (INTL)
- The Kidz Sports Afterschool Program is a 5-day/week program only. Weeks are Monday thru Friday. \_\_\_\_\_ (INTL)
- **Please make sure you notify us by 12:00noon of each day your child is absent.** It takes us a minimum of 1/2 hour to search and determine if your child is supposed to be on the van. If you do not notify us, it is impossible for us to maintain a schedule for the children to arrive on time and to meet the “pick up” time schedule for the schools. A \$10.00 non-notification fee will be charged to your credit card on file if we are not notified by noon. \_\_\_\_\_ (INTL).
- I understand tuition for the Kidz Sports After School program is automatically charged to the credit card on file every Friday for the upcoming week. Non-payment results in your child not being allowed to participate in the program. **If your card declines, we cannot pick up your child until account is paid in full. A 10% late fee will be charged to your credit card at noon Saturday for any unpaid balance.** \_\_\_\_\_ (INTL)
- Orlando Metro Gymnastics offers the Kidz Sports After School participants discounted Day Camp fees for specific holiday and teacher work day Kidz Sports Day Camps. Weekly rates are not prorated for school holidays/workdays. \_\_\_\_\_ (INTL)
- No personal electronic devices are allowed to be used with exception to ipad/laptops during scheduled homework time. Orlando Metro Gymnastics reserves the right to change this policy at any time.
- Students **MUST PARTICIPATE IN ALL SCHEDULED ACTIVITIES.** Students must bring shorts/gym pants and/or leotard on a daily activities/games. Girls are required to wear a leotard to Gymnastics Class and Boys are required to wear cotton shorts and shirt. Class participation will not be allowed without proper uniform. **No Jeans, skirts, skorts, buttons or zippers are allowed in the gym at any given time.** \_\_\_\_\_ (INTL)
- If your child is sick they must be picked up from After School. If you cannot pick up early you must make arrangements for someone to pick up your child early. They must be on the Authorized Persons for Pick Up list. \_\_\_\_\_ (INTL)
- Please send a snack and drink daily with your child. Snacks are not included. Snacks and drinks are available for purchase. \_\_\_\_\_ (INTL)
- Your child’s safety is very important to us. A child’s misbehavior on the van can result in injury to themselves or others on the van. Please take the time to explain what behavior is or is not allowed on the van. We will contact you if we have a problem with your child’s behavior on the van.
  1. Student must stay seated at all times while on the van
  2. Students are not allowed out of their seat to stand or move about in the aisle way
  3. Students may not throw any items
  4. Students may not hit another student
  5. Students are not allowed to eat on van
  5. Students must listen at all times to the van driver. He/She is the person in authority and will report any misbehavior to the front office when the van arrives.
- **Behavior Procedures**  
 In an effort to provide the best environment for the Kidz Sports After School, behavior procedures have been implemented to ensure that each and every child has the best possible experience in the Kidz Sports After School Program. Behaviors such as :using bad language, not following instructions that will result in harm to themselves or others, fighting, continuous disrespect to staff, failure to participate in all activities etc. The following behavior procedures will be enforced:
 

1st Offense	Time Out
2nd Offense	Meeting with After School management, staff and child and notifying parent of the situation.
3rd Offense	Meeting with the child and parent
4th Offense	Dismissal from further participation in the Kidz Sports After School Program if staff and management feel harm will come to the child and /or others if participation in After School continues.

I, the applicants parent/legal guardian, hereby agree to abide by the above written policy and procedures in regards to payment, behavior and enrollment into the Orlando Metro Gymnastics Kidz Sports Afterschool program. I understand that my child may be asked to leave the program at any time during the school year. In addition, I agree to all valid charges processed on my credit card and understand I must keep a valid credit card on file at all times.

\_\_\_\_\_

Print Parent/Guardian Name

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date

# Orlando Metro Gymnastics

## Credit Card Authorization Form

### Recurring Weekly Charge Authorization

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

I hereby authorize Orlando Metro Gymnastics to charge the credit card number below **EVERY FRIDAY** for my After School Program services in the amount of \$\_\_\_\_\_ per week until proper drop notification/cancellation has been given in writing.

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name Cardholder

### Cardholder Authorization

Child(s) 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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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

**FOR OFFICE USE ONLY**

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