

☐ 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  
Saint Cloud, FL 34771  
Ph: (407) 556-3174



## 2025/2026 Orlando Metro 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 WEEKLY Rates:**

5 Full Days	\$190.00
4 Full Days	\$170.00
3 Full Days	\$150.00
2 Full Days	\$120.00
1 Full Day	\$ 70.00

5 Half Days	\$150.00
4 Half Days	\$140.00
3 Half Days	\$120.00
2 Half Days	\$100.00
1 Half Day	\$ 60.00

**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. Snack cards are available.

\_\_\_\_\_ 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. Payment must be verified by the office. 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.

\_\_\_\_\_ 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: \_\_\_\_\_

# 2025/2026 Orlando Metro Day Camp

1st Child's Name \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_  
2nd Child's Name \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_  
3rd Child's Name \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_

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

Friday, September 26th (SC Only)	_____ Full Day	_____ Half Day (AM/PM)
Monday, October 13th	_____ Full Day	_____ Half Day (AM/PM)
Tuesday, November 11th (SC Only)	_____ Full Day	_____ Half Day (AM/PM)
Monday, November 24th	_____ Full Day	_____ Half Day (AM/PM)
Tuesday, November 25th	_____ Full Day	_____ Half Day (AM/PM)
Wednesday, November 26th	_____ Full Day	_____ Half Day (AM/PM)
Friday, December 19th (LM Only)	_____ Full Day	_____ Half Day (AM/PM)
Monday, December 22nd	_____ Full Day	_____ Half Day (AM/PM)
Tuesday, December 23rd	_____ Full Day	_____ Half Day (AM/PM)
Monday, December 29th	_____ Full Day	_____ Half Day (AM/PM)
Tuesday, December 30th	_____ Full Day	_____ Half Day (AM/PM)
Wednesday, December 31st	_____ Full Day	_____ Half Day (AM/PM)
Friday, January 2nd	_____ Full Day	_____ Half Day (AM/PM)
Monday, January 5th (No SC)	_____ Full Day	_____ Half Day (AM/PM)
Friday, January 9th (SC Only)	_____ Full Day	_____ Half Day (AM/PM)
Monday, January 19th	_____ Full Day	_____ Half Day (AM/PM)
Monday, February 16th (No SC)	_____ Full Day	_____ Half Day (AM/PM)
Friday, February 20th (SC Only)	_____ Full Day	_____ Half Day (AM/PM)
Friday, March 13th	_____ Full Day	_____ Half Day (AM/PM)
Monday, March 16th	_____ Full Day	_____ Half Day (AM/PM)
Tuesday, March 17th	_____ Full Day	_____ Half Day (AM/PM)
Wednesday, March 18th	_____ Full Day	_____ Half Day (AM/PM)
Thursday, March 19th	_____ Full Day	_____ Half Day (AM/PM)
Friday, March 20th	_____ Full Day	_____ Half Day (AM/PM)
Friday, April 24th (No SC, LM)	_____ Full Day	_____ Half Day (AM/PM)

**2026 Orlando Metro Summer Camp Begins Thursday, May 28th**

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



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

[www.orlandometrogyms.com](http://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 \_\_\_\_\_