

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

Crystal Lake (CL)  
3212 Curry Ford Rd  
Orlando, FL 32806  
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



## 2026 Orlando Metro Summer Day Camp

**Ages: 4-17**

### Camp Hours:

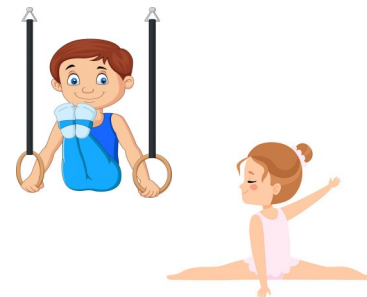
Full Day 7:30am to 6:00pm

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



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

<b>Day Camp <u>WEEKLY</u> Rates:</b>	<b>5 Full Days \$225.00</b>	<b>5 Half Days \$185.00</b>
	<b>4 Full Days \$205.00</b>	<b>4 Half Days \$175.00</b>
	<b>3 Full Days \$185.00</b>	<b>3 Half Days \$155.00</b>
	<b>2 Full Days \$155.00</b>	<b>2 Half Days \$135.00</b>
	<b>1 Full Day \$100.00</b>	<b>1 Half Day \$ 90.00</b>



**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, alter nate 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 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 a yellow Orlando Metro Camp T-shirt is required to attend field trips.
- \_\_\_\_\_ I agree my child will be transported from Orlando Metro Gymnastics to field trip destination and back to the facility. Sometimes we hire a third party for transport.
- \_\_\_\_\_ 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

## 2026 Orlando Metro 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**

Thurs, May 28th(No SC) \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Fri, May 29th \_\_\_\_\_ Full \_\_\_\_\_ Half

Mon, June 1st \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Tue, June 2nd \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Wed, June 3rd \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Thur, June 4th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Fri, June 5th \_\_\_\_\_ Full \_\_\_\_\_ Half

Mon, June 8th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Tue, June 9th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Wed, June 10th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Thur, June 11th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Fri, June 12th \_\_\_\_\_ Full \_\_\_\_\_ Half

Mon, June 15th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Tue, June 16th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Wed, June 17th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Thur, June 18th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Fri, June 19th \_\_\_\_\_ Full \_\_\_\_\_ Half

Mon, June 22nd \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Tue, June 23rd \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Wed, Jun 24th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Thur, June 25th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Fri, June 26th \_\_\_\_\_ Full \_\_\_\_\_ Half

Mon, June 29th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Tues, June 30th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Wed, July 1st \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Thurs, July 2nd \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Fri, July 3rd \_\_\_\_\_ Full \_\_\_\_\_ Half

Mon, July 6th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Tues, July 7th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Wed, July 8th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Thurs, July 9th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Fri, July 10th \_\_\_\_\_ Full \_\_\_\_\_ Half

Mon, July 13th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Tues, July 14th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Wed, July 15th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Thur, July 16th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Fri, July 17th \_\_\_\_\_ Full \_\_\_\_\_ Half

Mon, July 20th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Tues, July 21st \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Wed, July 22nd \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Thurs, July 23rd \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Fri, July 24th \_\_\_\_\_ Full \_\_\_\_\_ Half

Mon, July 27th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Tues, July 28th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Wed, July 29th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Thurs, July 30th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Fri, July 31st \_\_\_\_\_ Full \_\_\_\_\_ Half

Mon, Aug 3rd \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Tues, Aug 4th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Wed, Aug 5th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Thur, Aug 6th \_\_\_\_\_ Full \_\_\_\_\_ Half  
 Fri, Aug 7th \_\_\_\_\_ Full \_\_\_\_\_ Half

Mon, Aug 10th(No LM, SC) \_\_\_\_\_ Full \_\_\_\_\_ Half

**2026/27 Afterschool Begins Monday, August 10th(LM, SC)  
 and Tuesday, August 11th(AP, CL, LB)**

# 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) 333-0907

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

**St. Cloud**  
1421 Hamlin Ave  
Saint 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 Crystal Lake, 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