Orlando METRO GYMNASTICS
Est. 1992

☐ **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

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

2026/2027 Orlando Metro Preschool Camp

Start Date _____

1st Child's Name_____ M/F_____ DOB_____ Age_____

Medical Conditions _____ Allergies _____

2nd Child's Name_____ M/F_____ DOB_____ Age_____

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 <u>INCLUDING</u> 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.

Revised 07/06/26

Orlando Metro Preschool Camp Policies and Procedures

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

Full Day: **8:00am-6:00pm** **1/2 Day:** **8:00am-1:00pm or 1:00pm-6:00pm**

Orlando Metro Preschool Camp *WEEKLY* Rates:	**Morning**	**Afternoon**
5 Full Days: $205.00	**5 Half Days: $165.00**	**$150.00**
4 Full Days: $185.00	**4 Half Days: $155.00**	**$140.00**
3 Full Days: $165.00	**3 Half Days: $135.00**	**$120.00**
2 Full Days: $135.00	**2 Half Days: $115.00**	**$100.00**
1 Full Day: $85.00	**1 Half Days: $75.00**	**$60.00**

- The Orlando Metro Preschool Camp runs according to the Orange/Seminole/Osceola County School System class schedule
- No refunds, exchanges, or credits will be given for missed and/or cancelled days regardless of illness/injury, 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 late fees _____(INTL)
- I understand tuition for the Orlando Metro Preschool Camp is automatically charged to the credit card on file every Friday for the days you registered for. Non-payment results in your child not being allowed to participate in the program. Alternate forms of payment must be received by the Thursday prior to the week/day of your child's camp attendance _____(INTL)
- 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 _____(INTL)
- Students **MUST PARTICIPATE IN ALL SCHEDULED ACTIVITIES.** Students must bring shorts/gym pants and/or leotard on a daily activities/ games. Gym 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 camp. 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 lunch, snack, and drink daily with your child. Do not send food that requires to be microwaved. We do sell snacks and drinks at the facility for your convenience. Snack cards are available _____(INTL)
- **Behavior Procedures**
  In an effort to provide the best environment for the Orlando Metro Preschool Camp, behavior procedures have been implemented to ensure that each and every child has the best possible experience in the Orlando Metro Preschool Camp. 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 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 Orlando Metro Preschool Camp if staff and management feel harm will come to the child and /or others if participation in Preschool Camp continues

- I understand that if my child has a bathroom accident, the instructor will help with clean up _____ (INTL)
- I have read and understand all the above policies _____(INTL)

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 Preschool Camp. 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**

2026/2027 Orlando Metro Preschool Camp
Seminole County

1st Child's Name _____ Age ____ M/F_____

2nd Child's Name _____Age ____ M/F_____

Please put a check mark on days attending and circle Full or Half days.
If doing half day please put am or pm on line.
We will be closed on days with a red X.
Regular day camp offered with a blue X.
Orlando Metro Preschool Camp follows Seminole County school calendar.

August 10-14	___ M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
August 17-21	___ M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
August 24 - 28	___ M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
August 31 - Sept. 4	___ M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
September 7 - 12	_x_M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
September 14 - 18	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
September 21 - 25	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
September 28 - Oct. 2	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
October 5 - 9	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
October 12 - 16	_x_M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
October 19 - 23	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
October 26 - 30	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
November 2 - 6	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
November 9 - 13	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
November 16 - 20	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
November 23 - 27	_x_M(F/H)	_x_T(F/H)	_x_W(F/H)	_x_TH(F/H)	_x_F(F/H)
November 30 - Dec. 4	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
December 7 - 11	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
December 14 - 18	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
December 21 - 25	_x_M(F/H)	_x_T(F/H)	_x_W(F/H)	_x_TH(F/H)	_x_F(F/H)
December 28 - January 1	_x_M(F/H)	_x_T(F/H)	_x_W(F/H)	_x_TH(F/H)	_x_F(F/H)
January 4 - 8	_x_M(F/H)	_x_T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
January 11 - 15	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
January 18 - 22	_x_M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
January 25 - 29	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
February 1 - 5	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
February 8 - 12	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
February 15 - 19	_x_M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
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March 1 - 5	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
March 8 - 12	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
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April 5- 9	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
April 12-16	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
April 19 - 23	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
April 26 - 30	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
May 3 - 7	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
May 10 - 14	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
May 17 - 21	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
May 24 - 28	___M(F/H)	___T(F/H)	_x_W(F/H)	_x_TH(F/H)	_x_F(F/H)

Thank you for choosing Orlando Metro Gymnastics!

2026/2027 Orlando Metro Preschool Camp
Orange County

1st Childs Name _____ Age ____ M/F_____

2nd Childs Name _____Age ____ M/F_____

Please put a check mark on days attending and circle Full or Half days.
If doing half day please put am or pm on line.
We will be closed on days with a red X.
Regular day camp offered with a blue X.
Orlando Metro Preschool Camp follows Orange County school calendar.

August 10-14	_x_M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
August 17-21	___ M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
August 24 - 28	___ M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
August 31 - Sept. 4	___ M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
September 7 - 12	_x_M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
September 14 - 18	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
September 21 - 25	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
September 28 - Oct. 2	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
October 5 - 9	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
October 12 - 16	_x_M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
October 19 - 23	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
October 26 - 30	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
November 2 - 6	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
November 9 - 13	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
November 16 - 20	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
November 23 - 27	_x_M(F/H)	_x_T(F/H)	_x_W(F/H)	_x_TH(F/H)	_x_F(F/H)
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December 28 - January 1	_x_M(F/H)	_x_T(F/H)	_x_W(F/H)	_x_TH(F/H)	_x_F(F/H)
January 4 - 8	_x_M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
January 11 - 15	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
January 18 - 22	_x_M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
January 25 - 29	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
February 1 - 5	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
February 8 - 12	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
February 15 - 19	_x_M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
February 22 - 26	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
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April 19 - 23	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	_x_F(F/H)
April 26 - 30	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
May 3 - 7	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
May 10 - 14	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
May 17 - 21	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
May 24 - 28	___M(F/H)	___T(F/H)	___W(F/H)	_x_TH(F/H)	_x_F(F/H)

Thank you for choosing Orlando Metro Gymnastics!

2026/2027 Orlando Metro Preschool Camp
Osceola County

1st Child's Name _____ Age ____ M/F_____

2nd Child's Name _____Age ____ M/F_____

Please put a check mark on days attending and circle Full or Half days.
If doing half day please put am or pm on line.
We will be closed on days with a red X.
Regular day camp offered with a blue X.
Orlando Metro Preschool Camp follows Osceola County school calendar.

August 10-14	___ M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
August 17-21	___ M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
August 24 - 28	___ M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
August 31 - Sept. 4	___ M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
September 7 - 12	_x_M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
September 14 - 18	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
September 21 - 25	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	_x_F(F/H)
September 28 - Oct. 2	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
October 5 - 9	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
October 12 - 16	_x_M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
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November 9 - 13	___M(F/H)	___T(F/H)	_x_W(F/H)	___TH(F/H)	___F(F/H)
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December 7 - 11	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
December 14 - 18	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
December 21 - 25	_x_M(F/H)	_x_T(F/H)	_x_W(F/H)	_x_TH(F/H)	_x_F(F/H)
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January 18 - 22	_x_M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
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February 1 - 5	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
February 8 - 12	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
February 15 - 19	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	_x_F(F/H)
February 22 - 26	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
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May 17 - 21	___M(F/H)	___T(F/H)	___W(F/H)	___TH(F/H)	___F(F/H)
May 24 - 28	___M(F/H)	___T(F/H)	___W(F/H)	_x_TH(F/H)	_x_F(F/H)

Thank you for choosing Orlando Metro Gymnastics!

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 Preschool Camp 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: _____

Orlando METRO GYMNASTICS
Est. 1992

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

☐ **Crystal Lake**
3212 Curry Ford Rd
Orlando, FL 32806
Ph: (407)644-0847

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

☐ **LB McLeod**
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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 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 Partcipant(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