

# Orlando Metro Gymnastics

4658 L. B. McLeod Road, Orlando, Florida 32811  
(407) 246-1200 www.metrogyms.com

## Kidz Sports Holiday 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**



<b>Day Camp <u>WEEKLY</u> Rates:</b>	<b>5 Full Days \$160.00</b>	<b>5 Half Days \$120.00</b>
	<b>4 Full Days \$140.00</b>	<b>4 Half Days \$110.00</b>
	<b>3 Full Days \$120.00</b>	<b>3 Half Days \$90.00</b>
	<b>2 Full Days \$90.00</b>	<b>2 Half Days \$70.00</b>
	<b>1 Full Day \$45.00</b>	<b>1 Half Day \$35.00</b>

**Activities: Gymnastics, Climbing Wall, Bounce House, Arts & Crafts, Outdoor Games & much more!**

**1st Child's Name:** \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ M/F

**2nd Child's Name:** \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ M/F

**3rd Child's Name:** \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ M/F

**Parent(s) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email Address (elective) :** \_\_\_\_\_

**Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_** **Cell Phone( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_**

**Emergency Contact \_\_\_\_\_ Telephone #( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_**

**Code Word \_\_\_\_\_ Allergies \_\_\_\_\_ Medical Conditions \_\_\_\_\_**

### **Initial Each Policy**

- \_\_\_\_\_ Fees for your first week of Camp are due at time of registration.
- \_\_\_\_\_ Please bring 2 snacks, lunch and drinks. **No jeans. No zippers, skirts, buttons or buckles.**
- \_\_\_\_\_ Payment will be automatically charged to the credit card on file 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. 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.

### **Authorized Adults (Over 18) Allowed to Pick Up: (must know code word and/or show ID)**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Orlando Metro Gymnastics**  
2017/2018 Kidz Sports School Holiday Day Camps

1st Child Name \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_  
2nd Child Name \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_  
3rd Child Name \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_

**Please INITIAL your day selections.**

Monday, October 16th	_____ Full Day	_____ Half Day	(PM/AM)
Tuesday, November 21st	_____ Full Day	_____ Half Day	(PM/AM)
Wednesday, November 22nd	_____ Full Day	_____ Half Day	(PM/AM)
Friday, December 22nd	_____ Full Day	_____ Half Day	(PM/AM)
Tuesday, December 26th	_____ Full Day	_____ Half Day	(PM/AM)
Wednesday, December 27th	_____ Full Day	_____ Half Day	(PM/AM)
Thursday, December 28th	_____ Full Day	_____ Half Day	(PM/AM)
Friday, December 29th	_____ Full Day	_____ Half Day	(PM/AM)
Tuesday, January 2nd	_____ Full Day	_____ Half Day	(PM/AM)
Wednesday, January 3rd	_____ Full Day	_____ Half Day	(PM/AM)
Thursday, January 4th	_____ Full Day	_____ Half Day	(PM/AM)
Friday, January 5th	_____ Full Day	_____ Half Day	(PM/AM)
Monday, January 15th	_____ Full Day	_____ Half Day	(PM/AM)
Monday, February 19th	_____ Full Day	_____ Half Day	(PM/AM)
Friday, March 16th	_____ Full Day	_____ Half Day	(PM/AM)
Monday, March 19th	_____ Full Day	_____ Half Day	(PM/AM)
Tuesday, March 20th	_____ Full Day	_____ Half Day	(PM/AM)
Wednesday, March 21st	_____ Full Day	_____ Half Day	(PM/AM)
Thursday, March 22nd	_____ Full Day	_____ Half Day	(PM/AM)
Friday, March 23rd	_____ Full Day	_____ Half Day	(PM/AM)

# Orlando Metro Gymnastics, Inc.

## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in the Elite Gymnastics of Orlando, Inc., dba, Orlando Metro Gymnastics Inc., classes or special events, I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity.

I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the event takes place, or the negligence of the participant 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 I incur as a result of my participation in the activity.

I hereby, release, discharge, and covenant not to sue Elite Gymnastics of Orlando, Inc., dba, Orlando Metro Gymnastics Inc., its respective administrators, directors, agents, offices, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and leasers' of premises on which the activity takes place, (each considered one of the "releasers" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasers" or otherwise, including negligent rescue operation and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasers, I will indemnify, save, and hold harmless each of the Releasers from any loss, liability, damage, or cost, which any may incur as the result of such claim.

### PARENTAL CONSENT

I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I further grant the Released the right to photograph and/or videotape me and/or my child or ward and further to display, use and/or otherwise exploit me and/or my child or ward's name, face, likeness, voice and appearance forever and throughout the world, in all media whether now known or hereafter devised. This includes all media without limitation.

1st Child's (Participant) Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_\_

2nd Child's (Participant) Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_\_

3rd Child's (Participant) Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail (to receive updates & info.): \_\_\_\_\_

\_\_\_\_\_  
Print Name of Parent/Legal Guardian      Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian      Date