

**Orlando Metro Gymnastics
Kidz Sports After School Program
2017/2018 Registration Forms**

Start Date _____ **Initial Pick Up Time selection:** _____ **6:00 pm** _____ **6:30 pm**

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 \$5.00 and \$15.00 Snack Cards available for purchase.
Cards can be used to purchase 50 cent snacks or \$1.00 drinks.
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 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 at 6:00pm sharp. Every 5 minutes late a \$5.00 penalty will be assessed. _____ (INTL).
- Kidz Sports After School Program is \$70.00 weekly for 6:00pm pick up time and \$75.00 weekly for 6:30pm pick up time. Annual Non-Refundable \$40 Registration fee is required. No discounts or credits will be given for missed days or for multiple children. _____ (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. _____ (INTL)
- The KidzSports 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 missing.** It takes us a minimum of 1/2 hour to search and determine if your child is supposed to be on the bus. 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. 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 on 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 due for school holidays/workdays. _____ (INTL)
- Students **MUST PARTICIPATE IN ALL SCHEDULED ACTIVITIES** (Students must bring shorts/gym pants and/or leotard on a daily basis. **No Jeans, buttons or zippers are allowed in the gym!** _____ (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 healthy snack and drink. You may also purchase a snack card from our facility. _____ (INTL)
- Your child’s safety is very important to us. A child’s misbehavior on the bus can result in injury to themselves or others on the bus. Please take the time to explain what behavior is or is not allowed on the bus. We will contact you if we have a problem with your child’s behavior on the bus.
 1. Student must stay seated at all times while on the bus
 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 must listen at all times to the bus driver. He is the person in authority and will report any misbehavior to the front office when the bus 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 KidzSports 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, 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.

Date: _____

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

Signature of Parent/Legal Guardian

Date