

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

Start Date _____ Please initial your pick up time- 6:00pm _____ 6:30pm _____

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 & Aquatics

(407) 644-0847 Fax (407)644-7738

www.metrogyms.com

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

In consideration of participating in the Orlando Metro Gymnastics & Aquatics Baldwin Park 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 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 name 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 Orlando Metro Gymnastics & Aquatics Baldwin Park 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 give my permission to Orlando Metro Gymnastics & Aquatics Baldwin Park, Inc. to use, without limitation of obligation, photographs, film footage, or tape recordings, which may include a family's image or voice for the purpose of promoting or advertising.

1st Child's Name _____ M/F _____ DOB: _____

2nd Child's Name _____ M/F _____ DOB: _____

3rd Child's Name _____ 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