

Orlando Metro Gymnastics & Swim School  
 baldwin.staff@orlandometrogyms.com  
 (407) 644-0847 Fax (407) 644-7738

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**

Thur. May 30th \_\_\_\_\_ Full \_\_\_\_\_ Half

Fri. May 31st \_\_\_\_\_ Full \_\_\_\_\_ Half

Mon. June 3rd \_\_\_\_\_ Full \_\_\_\_\_ Half

Tue. June 4th \_\_\_\_\_ Full \_\_\_\_\_ Half

Wed. June 5th \_\_\_\_\_ Full \_\_\_\_\_ Half

Thur. June 6th \_\_\_\_\_ Full \_\_\_\_\_ Half

Fri. June 7th \_\_\_\_\_ Full \_\_\_\_\_ Half

Mon. June 10th \_\_\_\_\_ Full \_\_\_\_\_ Half

Tue. June 11th \_\_\_\_\_ Full \_\_\_\_\_ Half

Wed. June 12th \_\_\_\_\_ Full \_\_\_\_\_ Half

Thur. June 13th \_\_\_\_\_ Full \_\_\_\_\_ Half

Fri. June 14th \_\_\_\_\_ Full \_\_\_\_\_ Half

Mon. June 17th \_\_\_\_\_ Full \_\_\_\_\_ Half

Tue. June 18th \_\_\_\_\_ Full \_\_\_\_\_ Half

Wed. June 19th \_\_\_\_\_ Full \_\_\_\_\_ Half

Thur. June 20th \_\_\_\_\_ Full \_\_\_\_\_ Half

Fri. June 21st \_\_\_\_\_ Full \_\_\_\_\_ Half

Mon. June 24th \_\_\_\_\_ Full \_\_\_\_\_ Half

Tue. June 25th \_\_\_\_\_ Full \_\_\_\_\_ Half

Wed. June 26th \_\_\_\_\_ Full \_\_\_\_\_ Half

Thur. June 27th \_\_\_\_\_ Full \_\_\_\_\_ Half

Fri. June 28th \_\_\_\_\_ Full \_\_\_\_\_ Half

Mon. July 1st \_\_\_\_\_ Full \_\_\_\_\_ Half

Tue. July 2nd \_\_\_\_\_ Full \_\_\_\_\_ Half

Wed. July 3rd \_\_\_\_\_ Full \_\_\_\_\_ Half

Thur. July 4th **CLOSED**

Fri. July 5th \_\_\_\_\_ Full \_\_\_\_\_ Half

Mon. July 8th \_\_\_\_\_ Full \_\_\_\_\_ Half

Tues. July 9th \_\_\_\_\_ Full \_\_\_\_\_ Half

Wed. July 10th \_\_\_\_\_ Full \_\_\_\_\_ Half

Thurs. July 11th \_\_\_\_\_ Full \_\_\_\_\_ Half

Fri. July 12th \_\_\_\_\_ Full \_\_\_\_\_ Half

Mon. July 15th \_\_\_\_\_ Full \_\_\_\_\_ Half

Tues. July 16th \_\_\_\_\_ Full \_\_\_\_\_ Half

Weds. July 17th \_\_\_\_\_ Full \_\_\_\_\_ Half

Thurs. July 18th \_\_\_\_\_ Full \_\_\_\_\_ Half

Fri. July 19th \_\_\_\_\_ Full \_\_\_\_\_ Half

Mon. July 22nd \_\_\_\_\_ Full \_\_\_\_\_ Half

Tues. July 23rd \_\_\_\_\_ Full \_\_\_\_\_ Half

Wed. July 24th \_\_\_\_\_ Full \_\_\_\_\_ Half

Thurs. July 25th \_\_\_\_\_ Full \_\_\_\_\_ Half

Fri. July 26th \_\_\_\_\_ Full \_\_\_\_\_ Half

Mon. July 29th \_\_\_\_\_ Full \_\_\_\_\_ Half

Tues. July 30th \_\_\_\_\_ Full \_\_\_\_\_ Half

Wed. July 31st \_\_\_\_\_ Full \_\_\_\_\_ Half

Thurs. August 1st \_\_\_\_\_ Full \_\_\_\_\_ Half

Fri. August 2nd \_\_\_\_\_ Full \_\_\_\_\_ Half

Mon. August 5th \_\_\_\_\_ Full \_\_\_\_\_ Half

Tues. August 6th \_\_\_\_\_ Full \_\_\_\_\_ Half

Wed. August 7th \_\_\_\_\_ Full \_\_\_\_\_ Half

Thurs. August 8th \_\_\_\_\_ Full \_\_\_\_\_ Half

Fri. August 9th \_\_\_\_\_ Full \_\_\_\_\_ Half

# Orlando Metro Gymnastics & Swim School

4915 New Broad Street, Orlando, FL 32814  
(407) 644-0847 www.orlandometrogyms.com



## Kidz Sports 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



### Annual Registration Fee:

\$40 1st child, \$20 each additional sibling

### Day Camp WEEKLY Rates:

5 Full Days \$165.00      5 Half Days \$125.00

4 Full Days \$145.00      4 Half Days \$115.00

3 Full Days \$125.00      3 Half Days \$95.00

2 Full Days \$95.00      2 Half Days \$75.00

1 Full Day \$49.00      1 Half Day \$40.00

**Activities: Gymnastics, Climbing Wall, Bounce House, Arts & Crafts, Outdoor Games & much more!  
Swimming (Monday and Wednesday), Field Trips (Tuesday, Thursday)**

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, drinks, bathing suit and towel, a change of clothes and flip flops.
- \_\_\_\_\_ Payment will be automatically charged to the credit card on file every Friday 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 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.
- \_\_\_\_\_ Ages 5 & under are required to wear a swim vest regardless of swimming ability. Swim vest provided by us.
- \_\_\_\_\_ Field trip sign up is 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 \$10 Yellow Metro Camp T-shirt is required to attend field trips.
- \_\_\_\_\_ 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

www.orlandometrogymns.com

## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OR RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in the Elite Gymnastics of Orlando, Orlando Metro Gymnastics, & Aquatics, Orlando Metro Gymnastics Avalon Park, Orlando Metro Gymnastics Lake Mary, Orlando Metro Gymnastics, Inc and/or it’s affiliates 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 Elite Gymnastics of Orlando, Orlando Metro Gymnastics, & Aquatics, Orlando Metro Gymnastics Avalon Park, Orlando Metro Gymnastics Lake Mary, Orlando Metro Gymnastics, Inc and/or it’s affiliates, its respective administrators, directors, agents, offices, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessers' 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. If claim is filed I understand it must be filed in the county the incident occurred.

### 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 Elite Gymnastics of Orlando, Orlando Metro Gymnastics, & Aquatics, Orlando Metro Gymnastics Avalon Park, Orlando Metro Gymnastics Lake Mary, Orlando Metro Gymnastics, Inc and/or it’s affiliates to use, without limitation of obligation, photographs, film footage, or tape recordings, which may include an individuals image, family image and/or voice for the purpose of promoting or advertising in, but not limited to, print and/or social media.

1st Childs Name \_\_\_\_\_ M/F \_\_\_\_\_ DOB: \_\_\_\_\_

2nd Childs Name \_\_\_\_\_ M/F \_\_\_\_\_ DOB: \_\_\_\_\_

3rd Childs 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

<b>FOR OFFICE USE ONLY</b>	
Trial Date: _____	Class: _____