

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**

<p>Fri. May 24th _____ Half          Thur. May 23rd _____ Half          Tue. May 28th _____ Half          Wed. May 29th _____ Full _____ Half          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 <b>CLOSED</b>          Fri. July 5th _____ Full _____ Half</p>	<p>Mon. July 1st _____ Full _____ Half          Tue. July 2nd _____ Full _____ Half          Wed. July 3rd _____ Full _____ Half          Thur. July 4th <b>CLOSED</b>          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</p>
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# Orlando Metro Gymnastics Lake Mary

1180 Emma Oaks Trail, Lake Mary, FL 32746

Phone (407) 333-0907 Fax (407)444-9009

www.orlandometrogymns.com



## Kidz Sports Summer Day Camp

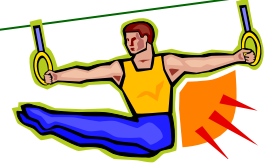
**Ages: 4-17**

### Camp Hours:

Full Day 7:30am to 6:00pm

Half Day 7:30am-12:30pm or 1:00pm-6:00pm

**10% Sibling Discount**



<b>Annual Registration Fee:</b>	<b>\$40 1st child, \$20 each additional sibling</b>	
<b>Day Camp <u>WEEKLY</u> Rates:</b>	<b>5 Full Days \$165.00</b>	<b>5 Half Days \$125.00</b>
	<b>4 Full Days \$145.00</b>	<b>4 Half Days \$115.00</b>
	<b>3 Full Days \$125.00</b>	<b>3 Half Days \$95.00</b>
	<b>2 Full Days \$95.00</b>	<b>2 Half Days \$75.00</b>
	<b>1 Full Day \$49.00</b>	<b>1 Half Day \$40.00</b>

**Activities: Gymnastics, Bounce House, Trampoline, Tumble Track, Arts & Crafts, & much more!**

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 and drinks daily. We do sell snacks and drinks at the facility for your convenience.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ Field trips are 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 plus tax 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: _____