

Avalon Park (AP)
14180 E. Colonial Dr
Bldg. #200
Orlando, FL 32826
Ph: (407)207-4110

Baldwin Park (BP)
4915 New Broad St.
Orlando, FL 32814
Ph: (407)644-0847

Lake Mary (LM)
1180 Emma Oaks Trail
Lake Mary, FL 32746
Ph: (407)333-0907

LB McLeod (LB)
4658 L. B. McLeod Rd
Orlando, FL 32811
Ph: (407)246-1200

St. Cloud (SC)
1421 Hamlin Ave
St. Cloud, FL 34771
Ph: (407) 556-3174



2024/2025 Kidz Sports 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



Day Camp WEEKLY Rates:

5 Full Days	\$185.00
4 Full Days	\$165.00
3 Full Days	\$145.00
2 Full Days	\$115.00
1 Full Day	\$ 65.00

5 Half Days	\$145.00
4 Half Days	\$135.00
3 Half Days	\$115.00
2 Half Days	\$ 95.00
1 Half Day	\$ 55.00

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.
- _____ 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.
- _____ 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

2024/2025 Kidz Sports Day Camp

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**

Friday, October 11th _____ Full Day _____ Half Day (AM/PM)

Monday, October 14th _____ Full Day _____ Half Day (AM/PM)

Monday, November 11th (SC Only) _____ Full Day _____ Half Day (AM/PM)

Monday, November 25th _____ Full Day _____ Half Day (AM/PM)

Tuesday, November 26th _____ Full Day _____ Half Day (AM/PM)

Wednesday, November 27th _____ Full Day _____ Half Day (AM/PM)

Friday, December 20th (LM Only) _____ Full Day _____ Half Day (AM/PM)

Monday, December 23rd _____ Full Day _____ Half Day (AM/PM)

Friday, December 27th _____ Full Day _____ Half Day (AM/PM)

Monday, December 30th _____ Full Day _____ Half Day (AM/PM)

Tuesday, December 31st _____ Full Day _____ Half Day (AM/PM)

Thursday, January 2nd _____ Full Day _____ Half Day (AM/PM)

Friday, January 3rd _____ Full Day _____ Half Day (AM/PM)

Monday, January 6th (No LM) _____ Full Day _____ Half Day (AM/PM)

Monday, January 20th _____ Full Day _____ Half Day (AM/PM)

Monday, February 17th _____ Full Day _____ Half Day (AM/PM)

Friday, February 21st (SC Only) _____ Full Day _____ Half Day (AM/PM)

Friday, March 14th _____ Full Day _____ Half Day (AM/PM)

Monday, March 17th _____ Full Day _____ Half Day (AM/PM)

Tuesday, March 18th _____ Full Day _____ Half Day (AM/PM)

Wednesday, March 19th _____ Full Day _____ Half Day (AM/PM)

Thursday, March 20th _____ Full Day _____ Half Day (AM/PM)

Friday, March 21st _____ Full Day _____ Half Day (AM/PM)

Monday, March 24th (SC Only) _____ Full Day _____ Half Day (AM/PM)

Monday, May 26th _____ Full Day _____ Half Day (AM/PM)

2025 Summer Camp Begins Thursday, May 29th –All Locations!

Thank you for choosing Orlando Metro Gymnastics!

Orlando Metro Gymnastics

Recurring Weekly Charge Authorization

Effective on _____

I hereby authorize Orlando Metro Gymnastics to charge the credit card number below **EVERY FRIDAY** for my upcoming Day Camp days I have selected. The program services amount is based on the number of days per week I have selected on my registration form. Days selected must be changed or cancelled no later than the Thursday prior to the week/day of attendance otherwise I am financially responsible for the camp fees. **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.**

Authorized Signature

Cardholder Authorization

Child(ren) Name: _____

Name on Credit Card: _____

Billing Address for Credit Card: _____

Cardholder Phone Number: _____

Credit Card Number: ____ _ ____ _ XXXX XXXX ____ _ ____ _

Exp. Date: _____ CID: _____

Cardholder Signature: _____ Date: _____

Print Cardholder Name: _____



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St. Cloud, FL 34771
Ph: (407) 556-3174

www.orlandometrogyms.com

RELEASE, LIABILITY WAIVER, ASSUMPTION OF RISK, & INDEMNITY AGREEMENT ("Release")

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF ORLANDOMETRO USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM ORLANDO METRO IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND ORLANDO METRO HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

In consideration of participating in any class, activity or special event hosted (the "Activities"), conducted or facilitated by Elite Gymnastics of Orlando, Orlando Metro Gymnastics Baldwin Park, Orlando Metro Gymnastics Avalon Park, Orlando Metro Gymnastics Lake Mary, Orlando Metro Gymnastics St. Cloud, Orlando Metro Gymnastics, Inc and/or its affiliates, administrators, directors, agents, offices, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place (collectively "Orlando Metro"), I execute this Release on my behalf and on behalf of the Participants identified below.

I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by the actions or inaction of the Participants, my own, of others participating in the event, the conditions in which the event takes place, or the negligence of the Participant(s) 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 incurred as a result of participation in the Activities. I understand the nature of the Activities and represent that the Participant(s) is qualified, in good health, and in proper physical condition to participate. As such, I hereby, release, discharge, and covenant not to sue Orlando Metro, from all liability, claims, demands, losses, or damages, on my account and on account of the Participant(s) caused or alleged to be caused in whole or in part by the negligence of Orlando Metro, including negligent rescue or operation of facilities. If, despite executing this Release, if I, or anyone on my behalf, makes a claim against Orlando Metro, I will indemnify, save, and hold harmless Orlando Metro from any loss, liability, damage, or cost, which any may incur as the result of such claim. Any claim arising out of this Release shall first be submitted to voluntary mediation in Orange, County, Florida. Venue for any dispute shall be in Orange County, Florida.

I, THE PARENT AND/OR LEGAL GUARDIAN of the Participant(s) named below, understand the nature of the Activities, and the Participant is physically able, capable and qualified to participate in same and has no medical infirmity or disability. I have read the Release and understand that I have given up substantial rights on behalf of the Participant(s), myself and any designee. I am executing this Release freely and voluntarily and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I further give my permission to Orlando Metro to use, without obligation, photographs, film footage, or tape recordings for the purpose of promoting or advertising in, but not limited to, print and/or social media.

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

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

3rd Child's Name _____ M/F _____ DOB: _____

Parent Participant _____ 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