



Orlando Gymnastics After School Program 2011-2012

11821 S. Orange Blossom Trail Suite A Orlando, FL 32837 407-850-4123

Student Name _____ Male or Female

Birth date ___/___/___

Email _____

School: _____

Level of gymnastics experience (please circle): Beginner Intermediate Advanced

Address _____ City _____ Zip _____

Home Phone: _____ Cell Phone: _____

Mother's Full Name: _____ Day Phone: _____

Father's Full Name: _____ Day Phone: _____

Emergency Contact Name and Relation to Student: _____

Emergency Phone: _____

Please list all known allergies: Foods, Medications or Other Allergies

Please list any additional information about your child's behavior, participation restrictions, emotional, physical or mental health that our staff needs to be aware of to aid in making your child's stay the best it can be.

Please list all persons who are allowed to SIGN OUT your child from after school. Your child will not be released unless the pick-up person is listed on this form.

ALL AFTER SCHOOL PARTICIPANTS ARE REQUIRED TO BE COVERED UNDER THEIR OWN OR THEIR FAMILIES INSURANCE POLICY.

Insurance Company Name: _____ Policy #: _____

Policy Holder Name: _____

Family Physician: _____ Phone: _____

LIABILITY WAIVER AND POLICIES

Please Initial

_____	There are no make-ups or refunds
_____	I understand that at the time of registration, I will pay the first week's tuition, and the last week's tuition as a deposit - to be used prior to withdrawal
_____	After School programs do not run on days in which the participants do not have school. Please contact the front desk to confirm and to check on day camp options.
_____	I agree to pay said weekly tuition on or before each Friday. In the event that the said amount is not received on or before Friday, I also agree to pay a \$10 late fee.
_____	I may terminate this agreement upon written notice to OG office, provided notice is received by Friday of the week I am wishing to withdraw from. VERBAL WITHDRAWALS ARE NOT ACCEPTED.

Please read the following information carefully, then sign below and return this form to Orlando Gymnastics.

- Eligibility: I agree to comply with the rules of **Orlando Gymnastics**.
- Medical attention: I hereby give my consent to **Orlando Gymnastics** to provide, through the medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my child's participation.
- Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics, cheerleading, martial arts, dance and all related activities and events, as well as the risks involved in transportation from school.
- I agree that **Orlando Gymnastics**, and the sponsor of any **Orlando Gymnastics** event along with the employees, agents, officers, directors and owners of these organizations, shall not be liable for any losses or damages occurring as a result of my participation in the event, or in the transportation from school. I assume all risks associated with participation in the sport of gymnastics, cheerleading, martial arts, dance, and related activities, including any accidental injury that may be sustained as a result of, or incidental to gymnastics, cheerleading, martial arts and dance instruction, or transportation from school, now or any time in the future, seen or unforeseen. I hereby release **Orlando Gymnastics**, its owners and employees, jointly and separately, from any and all personal injury claims arising through or from participation in activities as a student of **Orlando Gymnastics**, in or upon the premises of **Orlando Gymnastics**, or at any after school sponsored activity. **Orlando Gymnastics** recommends a Doctor's physical for participation in gymnastics, cheerleading, martial arts and dance, for your child's benefit.
- I am fully aware that it is my responsibility to notify **Orlando Gymnastics** of any physical, psychological, mental or medical disabilities that would affect the child's participation in any aspect of the after school programs.
- I have read and accept all payment procedures, and all other information on the back of this form.

Parent/Guardian Signature _____ Date _____