

Apollo School of Gymnastics

2019 -20 After School Gymnastics :: Program Application



Student #1:	Gender:	D.O.B.
School:		School Grade:
Student #2:	Gender:	D.O.B.
School:		School Grade:
Student #3:	Gender:	D.O.B.
School:		School Grade:

Address:	City:	Zip:
Parent Name:	Parent Name:	
Phone:	Phone:	

Emergency Contact:	Phone Number:
Relationship to student(s):	

Providing a staff member from Apollo School of Gymnastics needs to discuss financial matters, please circle your preferred primary method of contact and its' individual specifications.

EMAILED / TEXTED / CALLED with VOICEMAIL at:

The following person(s) are authorized to pick up and remove my child(ren):

Name:	Relationship:	Phone Number:

GYMNASTICS PARTICIPATION WAIVER

As legal guardian of _____, I hereby consent to the aforementioned person participating in the Gymfinn, Inc., d.b.a. Apollo School of Gymnastics programs. I am fully aware and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as damages and losses associated with participation in gymnastics activities and events. I further agree that the Gymfinn Inc., d.b.a. Apollo School of Gymnastics, and the sponsor of any Apollo School event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, including any losses of damages resulting from their own negligence, except where such loss or damage is the result of intentional or reckless conduct of one of the organizations or individuals listed above.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while present in our facility, training at, or performing for, Gymfinn, Inc, d.b.a. Apollo School of Gymnastics. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its' content and intent.

PARENT/GUARDIAN SIGNATURE:

SCHOOL YEAR COMMITMENT

PARENT/GUARDIAN INITIAL:

I understand that the Apollo School of Gymnastics Inc. After School Gymnastics program is a school year commitment and that by signing this form I will pay Apollo School of Gymnastics Inc. \$75.00 per week for the 2019-20 school year. If your child is absent, for any reason and for any length of time, the weekly tuition schedule remains intact, with no financial prorates or credits applied to the account.

NON-REFUNDABLE DEPOSIT

PARENT/GUARDIAN INITIAL:

A deposit in the amount of \$75.00 per student is required to fulfill my child(ren)'s enrollment. I may elect to either apply this deposit to the last week of pickup in the 2019-20 school year, or roll it over to reserve my child's participation in the Apollo After School Gymnastics program for the 2020-21 School Year. This deposit will remain a non binding transaction until July 26, 2019. On the aforementioned date, the deposit becomes non-refundable. In addition, I fully understand that in the event that I elect to withdraw my child from the program, for any reason and on any date before May 29, 2020, my deposit is forfeited and a new deposit will be required for any re-enrollment opportunities to occur.

TUITION SCHEDULE

PARENT/GUARDIAN INITIAL:

Tuition is due every Friday, prior to the week of participation. As part of our participation policy it is required to register a credit/debit card on file for debiting purposes. All payments will be drafted every Friday morning, prior to the upcoming week of pickup. The primary account holder will receive notice of any payment that does not process, for any reason. Accounts must be brought current no later than Noon, the following Monday, for your child to have transportation and be a participant of our After School Gymnastics program. If the account cannot be brought current, your child will need alternate transportation and care until the account is satisfied. Charges will continue to post to your account and will be included in balances forward.

TRANSPORTATION WAIVER	PARENT/GUARDIAN INITIAL:
<p>I _____ give permission for my child to be picked up from school by Gymfinn, Inc., d.b.a. Apollo School of Gymnastics, and transported to the Apollo School of Gymnastics establishment. I understand that my child will be escorted to Apollo, with supervision by Apollo staff. By signing this document, I acknowledge the inherit risk of bodily injury, psychological injury, or even death, involved with the operation of motor vehicles and being a passenger within a motor vehicle. By signing this document, individually as a parent and/or natural guardian of my children, I hereby release, hold harmless and exculpate Apollo School of Gymnastics, its officers, agents, employees, assigns and representatives from any and all liability with respect to transportation of my child(ren). Throughout the school year, if I choose to enroll my child in any additional extracurricular activities at his/her school, I understand that I, and not Apollo, am solely responsible for scheduling and providing individual transportation. No credits or prorates will be issued to the account for any days missed.</p>	

PICK UP TIME	PARENT/GUARDIAN INITIAL:
<p>I acknowledge that pickup is no later than 6:30pm and Apollo School of Gymnastics will charge my account \$1.00 per minute that I am late in picking up my child(ren). This charge and subsequent payment will be applied and processed to my account without first receiving a phone, email or text notification.</p>	

ABSENTEE POLICY	PARENT/GUARDIAN INITIAL:
<p>In the event my child will be absent from school or if alternate transportation has been arranged for the day, on the day of said pickup, I will be responsible for calling Apollo School of Gymnastics Inc. no later than Noon.</p>	

HEAD LICE POLICY	PARENT/GUARDIAN INITIAL:
<p>Any child that is observed to have (any stage) of head lice must be picked up immediately and refrain from being present in the facility for a one week period. Upon the child's return, you must provide proper documentation displaying proof of treatment administrered, such as in the form of a receipt of treatment products purchased. You may submit proof of treatment via email to: Frontdesk@apollogymnastics.com.</p>	

BEHAVIOR POLICY	PARENT/GUARDIAN INITIAL:
<p>I further acknowledge that my child(ren)'s participation in our After School Gymnastics program is an appreciation we hold of the highest regard. To that respect, If my child becomes a safety risk to our coaching staff or his/her peers while participating in our program, we will discontinue pickup and participation for him/her in the program. In an effort to prevent such action, a meeting between an Apollo staff member(s) and the child's parent or guardian will occur. Should the concern(s) go unresolved and participation is discontinued, the weekly tuition will cease effective the first friday post excusal from the program. The deposit remains non-refundable. This protocol includes behavior and conduct in the Apollo van while in transport to Apollo School of Gymnastics.</p>	

STUDENT ATTIRE	PARENT/GUARDIAN INITIAL:
<p>My child(ren) is/are required to wear proper attire. Proper attire is a leotard (if of female gender) or loose comfortable chlothes with elastic waistbands. Proper attire does not have belts, buttons or zippers of any kind. Specifically, either athletic shorts with a T-shirt or leggings with a T-shirt is regarded as acceptable attire. If my child has long hair, it must be secured up and out of their face. Apollo School of Gymnastics is not obligated to furnish proper attire or hair ties for my child(ren). In the event my child(ren) is/are not properly prepared in the aforementioned fashion I understand that they will not be allowed out onto the floor of the facility and will remain in the Resource Room until picked up by a parent or guardian.</p>	

SNACKS	PARENT/GUARDIAN INITIAL:
<p>It is required that a snack from home is provided every day for my child while participating in the After School Gymnastics program. As a non licensed day care facility, Apollo School of Gymnastics Inc. is not allowed to provide free snack item(s) to your child. I understand that if my child does not have a provided upon snack or a snack account to debit, Apollo School of Gymnastics Inc. cannot legally provide a snack for my child. Apollo School of Gymnastics Inc. is allowed to provide concession items for sale. Concession items will be made available for purchase. If your child(ren) do not have physical funds to purchase a snack, a charge will appear on your account and included in the next tuition draft. It is strongly encouraged that a snack account is set up for your child to access and debit while in our program.</p>	

PERSONAL ELECTRONICS	PARENT/GUARDIAN INITIAL:
<p>The use of an electronic device by my child is NOT PERMITTED unless it is used for <u>educational purposes</u>. Use of electronic devices will be solely permitted in the Resource Room. Within the Resource Room, your child may be asked to relocate to another area altogether. The intent of relocating a student to another area is in benefit to your child and others as a means of minimizing possible volume disruption to his/her peers. The staff present at Apollo School of Gymnastics are not positioned to monitor the use of electronic devices by your child. Texting or any form of chat messaging is prohibited. If your child needs to communicate with you they will be allowed to use Apollo's land line. Parents, you may phone our facility at: 727-447-2108, at any time, to communicate directly with your child. As the parent/guardian you will choose to either allow your child or not allow your child to use an electronic device. While engaged in the use of electronics, if your child proves to be discourteous and/or distracting to his/her surroundings, the use of electronic devices will be temporarily revoked for a period of five school days. Furthermore, you hereby release, hold harmless and exculpate Apollo School of Gymnastics, its' officers, agents, employees, assigns and representatives, from any and all liability with respect to any occurrence that may arise from use of an electronic device while participating in the After School Gymnastics program.</p>	

<p>I HAVE READ, UNDERSTAND AND ACKNOWLEDGE THIS DOCUMENT IN ALL OF ITS' ENTIRETY.</p>	
PARENT/GUARDIAN SIGNATURE:	
TODAY'S DATE:	