



Welcome to Jacksons Gymnastics, a family owned business committed to teaching gymnastics in a safe and fun environment. All of our coaches love children and are well trained in the sport of gymnastics. Our goal is to ensure that you and your child are 100% satisfied with our after school program.

#### Guidelines:

1. The children should have a comfortable change of clothes: athletic clothing or leotard. Please no skirts, dresses, or baggy clothing.
2. Students must have their hair pulled back. Please provide a hair tie for your child.
3. Coaches will assist with homework. Please send them with any school materials needed to complete homework.
4. If you are more than 15 minutes late too pick-up your child, there will be a fee of \$10.00 per 15 minutes.
5. You will receive a PIN code to authorize pick-up for your child. Without the PIN code, authorized person(s) will not be allowed to pick up your child.

#### Reminders:

- After school does not run on days in which the children do not have school. There are no make ups or refunds. Our program follows the Orange County Public School system schedule.
- Payment is due every Friday. A late fee of \$10.00 will be added if we do not receive your payment by the prior Friday.
- If you need to withdraw from the after school program, we require a written document a week prior to your withdrawal date. It must be a WRITTEN document via email or at the desk.
- If you or your child have any questions or concerns with the class or program, please let us know at the front desk.

Thank you for joining our program!

Nicolle Lang

Jacksons Gymnastics Program Director

[jacksonsgymnasticsorlando@gmail.com](mailto:jacksonsgymnasticsorlando@gmail.com)

407-888-4750



Jacksons Gymnastics After School Program 2017-2018

Student Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_

Guardian First & Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Policy # \_\_\_\_\_

Policy Holder Name \_\_\_\_\_

List Allergies or Medications:

\_\_\_\_\_  
\_\_\_\_\_

Please list whomever is allowed to pick up your child. If you do not list an authorized personal, you must send in a written document with your student or via email to [jacksonsgymnasticsorlando@gmail.com](mailto:jacksonsgymnasticsorlando@gmail.com). Anyone that is authorized to pick up child will need PIN code to pick up child. Without PIN code the child will not be allowed to leave with person(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Jacksons Gymnastics of Orlando  
7101 Presidents Drive Suite 399  
Orlando, Florida, 32809  
407-888-4750



**\*Please save and give this to your child's teacher.**

Date: \_\_\_\_\_

To Mr./Ms. \_\_\_\_\_, at  
(Name of School)

\_\_\_\_\_. This  
informing you that my child,

\_\_\_\_\_ will

be transported from school by Jackson's Gymnastics of Orlando  
transportation. Should you have any questions I may be contacted at

\_\_\_\_\_. You  
may also contact the gymnastics facility at 407-888-4750.

Thank you,

\_\_\_\_\_  
Signature of Parent or Guardian.



## Liability Waiver and Policies

Parent Initial

\_\_\_\_\_ There are no make-ups or refunds

\_\_\_\_\_ The After School programs do not run on days in which the participants do not have school.

\_\_\_\_\_ I agree to pay weekly tuition of \$65.00 on or before each Friday. If the amount is not paid by Friday, there will be an added late fee of \$10.00.

\_\_\_\_\_ If you are more than 15 minutes late of pick-up time, there will be a fee of \$10.00 per 15 minutes you are late.

\_\_\_\_\_ I may terminate this agreement upon a written document to the JG office. A Drop notice must be provided the Friday prior to withdrawal. The drop notice must be in **WRITTEN** format.

RELEASE AGREEMENT: STUDENTS ARE EXPECTED TO CARRY THEIR OWN ACCIDENT AND/OR MEDICAL INSURANCE. ANY ACTIVITY, SUCH AS GYMNASTICS, THAT INVOLVES MOTION AND/OR HEIGHT CREATES THE POSSIBILITY OF SERIOUS INJURY. ATHLETES, STUDENTS, AND PARENTS PARTICIPATING IN GYMNASTICS AND TUMBLING, SHOULD KNOW THEIR LIMITATIONS, UNDERSTAND WHAT IS EXPECTED OF THEM, APPRECIATE POSSIBLE RISKS, AND CONSULT THEIR INSTRUCTORS. I CERTIFY THAT, AS LEGAL PARENT/GUARDIAN, I DO CONSENT AND AGREE TO INDEMNIFY AND HOLD HARMLESS JACKSONS GYMNASTICS OF ORLANDO LLC., TO PROVIDE CUSTOMARY MEDICAL/ATHLETIC TRAINING ATTENTIONS AND EMERGENCY MEDICAL SERVICES AS WARRANTED IN THE COURSE OF MY CHILD'S PARTICIPATION IN JACKSONS GYMNASTICS OF ORLANDO LLC. I FURTHER AUTHORIZE TO EXECUTE THAT CONSENT REQUIRED IN CONNECTION WITH EMERGENCY MEDICAL SERVICES. I HEREBY RELEASE JACKSONS GYMNASTICS OF ORLANDO LLC., IT'S OFFICERS, EMPLOYEES AND AGENTS FROM AND AGREE TO INDEMNIFY THEM AGAINST ANY LIABILITY ARISING OUT OF THE EXERCISE OF THE AUTHORITY HERE GRANTED, EVEN IF THE INJURY IS CAUSED IN WHOLE OR IN PART BY THE ACTS, OMISSIONS OR NEGLIGENCE OF JACKSONS GYMNASTICS.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN OF STUDENT ACKNOWLEDGES THEY ARE SIGNING ON BEHALF OF THEIR MINOR CHILD, WITH FULL UNDERSTANDING OF THE RISKS INHERENT IN GYMNASTICS AND TUMBLING.



**MAKE-UP POLICY:** I understand that there are no make-up days for the after-school program. I understand that if my child is absent from school that I will inform the program of their absence via email, phone call, or text message as soon as possible. I understand that if my child is absent, that there are no rollover days to the next week.

INITIALS \_\_\_\_\_

**TUITION:** Weekly tuition is due on every Friday. I understand that if payment is not made by 6:30 pm on Friday that my card will be processed with a \$10.00 late fee. If schools are closed for holiday, payment is to be made on the next school day. If payment is not made, I understand that my card will be charged with a \$10.00 late fee for the week.

INITIALS \_\_\_\_\_

**DROP NOTICE:** Parents must provide a **WRITTEN DOCUMENT** a week prior to dropping JG's after school program.

INITIAL \_\_\_\_\_

JACKSONS GYMNASTICS REQUIRES A CC # ON FILE FOR THE ABOVE REASONS

NAME ON CREDIT CARD \_\_\_\_\_

CREDIT CARD # (REQUIRED/ON FILE) \_\_\_\_\_

EXP DATE \_\_\_\_\_

**AGREEMENT:** Initial that you authorize Jacksons Gymnastics to charge the above CC if you fail to meet any of the above criteria.

INITIAL \_\_\_\_\_

**AUTOMATIC DRAFT:** If you would like to be put on automatic draft for the weekly payment, please initial below. (\$2.00 service charge fee with card transactions). Automatic drafts will be drafted at 2:30 pm every Friday.

INITIAL \_\_\_\_\_

CHILDS NAME(s) \_\_\_\_\_

JACKSON'S GYMNASTICS  
7101 PRESIDENTS DR. SUITE 399  
ORLANDO, FL. 32809