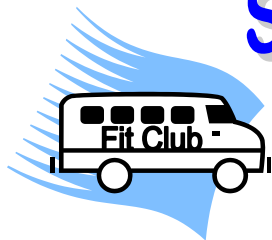


SCHOOL PICK-UP PROGRAM



FIT CLUB OF VOLUSIA

196 NORTH INDUSTRIAL DRIVE
ORANGE CITY, FL. 32763

- NAME OF CHILD: _____ AGE: _____ DATE OF BIRTH: _____
- NAME OF CHILD: _____ AGE: _____ DATE OF BIRTH: _____
- HOME PHONE: _____ SCHOOL: _____
- ADDRESS: _____ CITY: _____ ZIP: _____
- FATHER'S NAME: _____ LICENSE# : _____
- WORK PHONE: _____ CELL PHONE: _____
- MOTHER'S NAME: _____ LICENSE #: _____
- WORK PHONE: _____ CELL PHONE: _____
- EMERGENCY CONTACT: _____ EMER. #: _____
- RELATIONSHIP TO CHILD: _____
- E-MAIL ADDRESS: _____

** (We will be using e-mail for future notices, upcoming events, flyers, etc...) **

BUS AUTHORIZATION:

I, _____ the parent/guardian of _____ authorize Fit Club of Volusia to provide transportation from _____ School to the Fit Club facility for their **School Pick-up Program**. I understand that Fit Club will be providing the safest and most secure method of transportation to and from said locations. I hereby assume full responsibility for said student's personal safety and release all owners, managers, supervisors, and drivers of Fit Club from any and all liabilities that may occur by reason of any injury to said student. The risks are fully understood. I hereby agree to the foregoing by my signature hereon.

Parent/Guardian's signature _____ Date: _____

ACTIVITIES AUTHORIZATION:

I understand that participation in gymnastics, dance, cheer and/or martial arts involves motion, rotation and height in a unique environment and as such carries with it inherent risk of injury. I understand that risks and dangers associated with participation in gymnastics/class events and activities include, but are not limited to, bodily injury, partial and/or total paralysis and even death. I understand that there may be risks not known or reasonably foreseeable at this time.

I understand that FIT CLUB teaches a normal progression of skills that promote the safety of the students. I also understand that FIT CLUB has established rules for safety and that my child must follow these rules. If these rules are broken, my child may be asked to sit out of class.

I, the undersigned parent/legal guardian of _____ (student's name), hereby expressly waive any and all claims for any and all damages or loss to person or property which may be caused by act, or failure to act by FIT CLUB of Volusia and Ken Pfeifauf and/or their agents. I hereby assume full responsibility for said student's personal safety and release all owners, managers, supervisors and instructors of FIT CLUB from any and all liabilities that may occur by reason of any injury to said student. The risks involved are fully understood. I hereby so agree to the foregoing by my signature hereon.

Parent/Guardian's signature _____ Date: _____

PICK-UP AUTHORIZATION:

The following persons are authorized to pick-up my child from Fit Club. I will provide written authorization for any other individual to pick-up child/children.

Participating Child's Name: 1. _____ 2. _____

Adult Name: _____ Relationship to Child: _____

Adult Name: _____ Relationship to Child: _____

Adult Name: _____ Relationship to Child: _____

Parent/Guardian's signature _____ Date: _____

RULES AND POLICIES:

1. **Payments for program:** A two week deposit for the program is required upon registration, plus the first week's fee. With written notice of discontinuation, this deposit will be used for the final 2 weeks. Yearly registration is required if not already a member. Yearly fee is \$40.00 which entitles you to a Fit Club tee shirt and is used to purchase insurance.
2. **Payment deadlines:** All fees for the following week must be paid by 12:00 noon on Saturday of the week before. All accounts not paid by this deadline will be assessed a \$10.00 late fee.
3. **Absenteeism:** If your child for any reason is not coming for the day, parent must call in and inform the front desk no later than 1:00 pm on the day your child is to be absent. Failure to call and inform will result in a \$5.00 fee being charged to account.
4. **End of day pick-up:** Pick-up should be between 5:30-6:00 pm. If you are occasionally going to be late for pick-up it is the responsibility of the parent to call and inform the front office. Abuse of this policy will result in added fees.
5. **School Closure Day Camps:** When schools are out due to teacher workdays or holidays, we will offer camps for the day at a reduced price for School Pick-up Program participants, since transportation will not be offered that day. Camps will consist of Gymnastics only.
6. **Full week or multiple day Camps:** (Fall Break, Christmas Vacation or Spring Break) there will be no discounts offered for these camps. Participants will use regular offered prices if they wish to participate. There will be NO transportation offered during these camps. Camps will consist of Gymnastics only.
7. **Fit Club Closings:** Fit Club will NOT offer any programs or camps Thanksgiving Day or the week of Christmas. Camps will be offered the days before and after Thanksgiving and the second week of Christmas Break as well as Memorial Day and Labor Day..
8. **Discipline:** Children requiring discipline will be subject to loss of activity. Parents will be notified when this occurs. If behavior is not corrected, a parent conference will be called. If after conference behavior is not corrected, the child will be asked to leave the program.
9. **Choosing classes:** Students will have multiple choices for classes to attend throughout the week. Once a student is enrolled in a particular class, they are expected to stay in that class for the month, making changes to class schedule only when new session begins. Please remember that teacher to student ratios are very important and that your child will be filling a spot in the classes they choose.
10. **Students Attire:** It is the parent's responsibility to make sure the student has the appropriate attire for that day's class with them when they are picked up. (leotard, dance outfits, shoes, martial arts outfit, etc.)

I have read and understand the rules as stated above.

Parent/Guardian's signature _____ Date: _____

Child's Name: _____

ASP Parents 2019-2020 Rules and Policies

Parents, our goal here is to help children stay active and learn. Everything we do has an important reason behind it. From: Open Gym, Study/Quiet Time, and classes. This is our sixth year offering an After School Pick-up Program, and it will also be our busiest. Listed below are some rules and policies that we have developed over the years. These are a result of what we know and what we have learned. Please read each item carefully and initial next to it, and sign the bottom statement. All parents and students must adhere to these policies in order to participate in the Fit Club After-School Pick-up Program.

- _____ 1. **Deposits:** A two week deposit is required for all After School Pick-up Participants. This deposit is used for the child's last two weeks of attendance. One week deposit will be excepted if you sign-up and continue with Auto Pay. If student discontinues abruptly then the deposit may be transferred over to be used for other classes. **A refund will only be given if a student is asked to leave by Fit Club.**
- _____ 2. **Payments:** All After School Pick-up payments must be paid by Saturday of the week before. There is a one day grace period (Monday). Any student not paid for by Tuesday at the close of business (8:00 pm), we will run ASP on the authorized card/check on file, with a \$5.00 Late Fee.
- _____ 3. **Discontinuing:** Parents are REQUIRED to give a WRITTEN two week notice before their child discontinues their attendance in the ASP.
- _____ 4. **Days offered:** We offer 4 or 5 day attendance for Elementary School and 5 day only for Middle School. We do not offer three days or less. If a child needs to drop to three days or less, the minimum ASP charge is required. Our vans are full and we cannot have an empty seat that is only paid for on a part time basis.
- _____ 5. **Absenteeism:** Due to the fact that After School is billed on a weekly basis, there is no change in price if a class is missed. This includes if a child is sick, away for a class field trip/sporting event, or on vacation. However your child can still do make-ups in the classes missed.
Parents MUST call in when children are absent from school and do not need to be picked up. We are very cautious about making sure all students are accounted for at the school. If we are not sure then we have to go to the front office to find out about the child. This inevitably makes us late for our next pick up or class.
 - a. **First offense:** Parent will be called with a friendly reminder
 - b. **Second offense:** Parent will be called and a written warning will be sent.
 - c. **Third offense:** A \$5.00 fee will be applied for the third and every time after.
- _____ 6. **Please be aware that we are NOT a day care, your child is picked up and taken to Fit Club to attend classes. Picking students up early out of class is a disruption. If your child is picked up early 3 or more times in one particular class, we will move the child to an earlier class or activity on that particular day.**
- _____ 7. **Picking up your child:** If someone unusual is picking up your child please give us a call and let us know. If you have a special situation where someone specific is not permitted to pick up your child, such as a parent that does not have parental custody or permission to be with the child, then you must let us know.
- _____ 8. **Snack:** Children will be supplied with a snack and drink every day at no additional cost.
- _____ 9. **Study Time:** There is a designated area for students to work on their homework, if needed. Help is available.

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10. **Picking Classes:** We offer Gymnastics, Dance, Cheerleading, Martial Arts, Tumbling and Tumbling, and Ninja-Fit. Children need to be enrolled in classes in order to participate in the After-School Pick up Program. We are offering transportation for the children from school to the gym for this purpose. Please pick classes you think your child will enjoy and benefit from. Changing classes can only take place during the First week of the Trimester. In extreme situations changing classes can be done at other times, but children are not permitted to switch back and forth as they wish. Commitment to a class is very important to both the student and instructor. To request a class change, stop by the front desk and pick up a form. Children are allowed to have one day off from classes during the week, but this must be the same day every week. Simply check "Activity" on the class sign-up sheet you use to pick classes.
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11. **Attire:** It is the parents and students responsibility to make sure the child has the appropriate clothing for the class they will be participating in on each day. Gymnastics: Leotard for girls, shorts for boys. Martial Arts: Shorts and T-shirt (Leotards are also acceptable), Cheerleading: Shorts and T-shirt (Leotards as well), Dance: Appropriate dance attire as determined by instructor.. Jeans are never acceptable attire for any classes we teach, including open gym. Long hair must be worn up (this includes boys). NO jewelry is permitted with the exceptions of post earrings (No hoops). **Please note that your child will be physical EVERYDAY at Fit Club, at the minimum; please pack at least gym shorts and shirt. Your child should be bringing clothing in their backpack EVERYDAY.**
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12. **School Holidays:** During school Holidays, Teacher Duty days, Martin Luther King's Birthday, Veterans Day and Presidents Day, there will be NO After-School Pick-up. There will however, be a full day of camp offered. The cost of this camp will be discounted for the ASP participants. The fee for a day of camp is \$35.00 and will be discounted to \$20.00. *There will be NO discount for tuition of that week.* During Multiple days off: Thanksgiving, Christmas Break, Spring Break tuition will be Pro-Rated for the partial week or not charged for full weeks off. We will offer Camps for the entire time out of school. In this situation there will be NO discounts offered for the week of camps.
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13. **Incident reports:** When something happens that we feel the child's parent need to be informed, the instructor will fill out an incident report. This can be taken care of with a talk to the child and parent. It does not strictly refer to negative behavior. It is a way to let the parents know what happened during the day.
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14. **Discipline:** We will use two basic forms: 1. Written warning form that will need to be signed by the parent and returned. 2. Request for Meeting form, informing parents that a meeting is needed to correct behavior issue. These forms will only be used for disruptive behavior, issues that could be a safety concern for the child or others or destruction of property. We do realize that "boys will be boys" "Girls will be girls" and that everyone can have a bad day. This will be only used for problems that persist.
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15. **Electronics:** We **DO NOT** allow ANY type of electronics. Our goal is to keep your children active and not transferring them from the couch to a gym mat. This will also reduce the arguments about sharing personal games, as well as, losing games and devices.

I have read and understand the above statements: _____ Date _____
Signature Required

Fit Club of Volusia
"We Care About Children"

Youth Annual Permission/Health Form

(Please print legibly in ink and sign form before returning it to office)

This Youth Annual Permission/Health Form is for all Fit Club of Volusia activities.

I understand it is my responsibility to notify Fit Club of Volusia in writing as to any changes in the status of my permission or my child's health history prior to their participation in any Fit Club of Volusia activities.

I give permission for my child to participate in all Fit Club of Volusia activities for the time period indicated, including those activities held away from the regular activity sites. I understand that Fit Club of Volusia will inform me as to off-site activities and locations prior to my child's participation.

I will be responsible for transportation to/from activities, or am willing to permit Fit Club of Volusia to select transportation methods for my child.

I will notify Fit Club of Volusia if the Emergency Contact will be away from usual phone contact while my child is participating in a Fit Club of Volusia activity.

Name of Participant _____ Date of Birth _____ Male () Female ()
Home Phone _____ E-mail _____ School Grade _____
Address _____ City _____ Zip _____
Mother's Name _____ Father's Name _____
Occupation _____ Occupation _____
Work # _____ Cell # _____ Work # _____ Cell # _____
Emergency Contact (other than parent) _____ Relationship to child _____
Cell # _____ Home # _____ Work # _____
Name of Doctor _____ Phone _____
Name of Insurance Carrier _____ Phone _____
Should your child be restricted in/from any activity? Yes () No () If yes, please list:

_____ (Please attach a separate page if additional space is needed.)

Please complete the following questions about your child's health history. Circle "yes" or "no" and/or fill in the appropriate blanks.

Any recent exposure to contagious diseases? Yes No If yes, what disease? _____
When? _____

Any recent operations? Yes No If yes, give type of operation and date: _____

Any recent serious injuries/illnesses? Yes No If yes, give description and date of injury/illness: _____

List present medication and why medication is being taken: _____

Suffers from: Asthma: Yes No Lung Disease: Yes No Epilepsy: Yes No
Diabetes: Yes No Takes Insulin: Yes No Cardiovascular: Yes No

Chronic Infection of: Nose: Yes No Throat: Yes No
Ears: Yes No Sinus: Yes No

Subject to: Fainting: Yes No Headaches: Yes No Hyperactivity: Yes No
Nose bleeds: Yes No Motion Sickness: Yes No

Does your child have any type of allergies? If yes, please list: _____

Last tetanus inoculation date: _____

Any other additional information: _____

Signature of Parent (Guardian) _____ Date: _____

Credit Card Authorization Form

Name on the Card: _____

Child's Name _____

Type of Card: Visa MC ECheck Discover

Other

DO NOT PUT CARD NUMBER ON FORM

Billing Address _____

City, State, Zip _____

Phone Number _____

Afterschool _____

Team - weekly _____

Additional Classes _____

Amount to be Charged _____

**By signing this form, you authorize Fit Club Gymnastics
to charge your card for the amount listed above, including a \$5.00 Late
Fee, if not paid by every reoccurring Tuesday at Midnight, during the
school year.**

Signed: _____

Date: _____