



REGISTRATION FOR 2024-2025 AFTERSCHOOL PROGRAM

*FULL-TIME: \$65/WEEK * PART-TIME: \$20/DAY*

*EARLY-RELEASE: \$12 * TEACHER WORKDAY CAMP PRICE FOR FULL-TIME: \$20*

Child's Information

Child's Name (First & Last) _____ Male Female

Birth Date: _____ Age: _____ SCHOOL: _____

SPECIAL NEEDS/ALLERGIC REACTIONS: _____

Full Time (**IF YOU ARE BEING PICKED UP BY OUR VAN YOU WILL NEED TO BE FULL TIME TO HOLD YOUR SEAT ON THE VAN**)

Part Time If Part-Time Please specify # of days attending: _____

2nd Child's Name (First & Last) _____ Male Female

Birth Date: _____ Age: _____ SCHOOL: _____

SPECIAL NEEDS/ALLERGIC REACTIONS: _____

Full Time (**IF YOU ARE BEING PICKED UP BY OUR VAN YOU WILL NEED TO BE FULL TIME TO HOLD YOUR SEAT ON THE VAN**)

Part Time If Part-Time Please specify # of days attending: _____

3rd Child's Name (First & Last) _____ Male Female

Birth Date: _____ Age: _____ SCHOOL: _____

SPECIAL NEEDS/ALLERGIC REACTIONS: _____

Full Time (**IF YOU ARE BEING PICKED UP BY OUR VAN YOU WILL NEED TO BE FULL TIME TO HOLD YOUR SEAT ON THE VAN**)

Part Time If Part-Time Please specify # of days attending: _____

Family Information

(Please check primary parent/guardian to contact for questions or concerns)

____ Mother/Guardian's Name: _____ Employer: _____

Home #: _____ Work #: _____ Mobile #: _____

Home Address: _____

City: _____ Zip: _____

E-mail address (Needed for Confirmation) _____

____ Father/Guardian's Name: _____ Employer: _____
Home #: _____ Work #: _____ Mobile #: _____
Home Address: _____
City: _____ Zip: _____
E-mail address (Needed for Confirmation) _____

Emergency Information

If mother, father or guardian cannot be reached, call:

Name _____ Relationship to child: _____

Home #: _____ Work #: _____ Mobile #: _____

In addition to the above, list the names and relationships of persons to whom your child can be released: _____

**PAYMENT METHOD - PLEASE CHOOSE ONE -
MANDATORY CREDIT CARD MUST BE LISTED ON FILE TO ENROLL**

AUTOMATICALLY- charge my Credit Card on the Monday of each daycare week.

WEEKLY SELF-PAY PLAN – Tuition due on the Monday of each week. Pay by Check, Cash or Credit Card. If payment is not received by Friday of the week, we will automatically run the card on file. If the card is declined, we will add a **\$15 late fee.**

REQUIRED: Credit Card #: _____ Exp. Date: _____

A \$35 Non-Refundable Registration fee PER CHILD is REQUIRED at time of sign up to hold a spot in our program!

Total Registration Amount Due: _____ Total Amount Paid: _____ Payment Method: _____

By signing below, you acknowledge our above referenced policy and that you understand that we require a 2-week written notice to cancel membership for our afterschool program and you will be responsible for full payments for the weeks you fail to give notice.

ATTENDANCE POLICY: You the parent understand that by enrolling your child into our program and signing below that if you signed up for full time that you agree to pay for full time. If you signed up for part time you are agreeing to pay for the exact number of days, you signed up for weather your child attends our program for those days or not. This is to secure their spot in our afterschool program.

***** LATE PICK UP POLICY: ALL CHILDREN MUST BE PICKED UP BY 6 P.M. IF YOUR CHILD IS NOT PICKED UP LATER THAN 6:05 P.M. YOU WILL BE CHARGED \$1 A MINUTE LATE PICK UP FEE TO BE PAID AT TIME OF PICK UP NO EXCEPTIONS. *****

Applicant Signature: _____ Date: _____

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND
INDEMNITY AGREEMENT (“AGREEMENT”)**

In consideration of participating in the activities that Langley Gymnastics Training Center LLC. conducts within the building and beyond the grounds of the gym, which includes gymnastics, cheerleading, dance, tumble, aerobics, summer camp and any other activity that involves motion. I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “RELEASEES” 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 I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Langley Gymnastics Training Center LLC, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any I incur as the result of such claim.

***Personal Awareness:** Langley’s follows all CDC recommendations when it comes to communicable diseases and common bacteria prevention found in settings such as the Gymnastics training area. Langley’s does have a sick policy to ensure that students and staff do not expose others unnecessarily. The guidelines that the CDC and WHO established to reduce the risk of these bacteria are followed at all times. These preventive measures do include the prevention of the common cold bacteria and other bacteria that can cause other major or minor illnesses. I as the undersigned and responsible party for my child athlete will not hold responsible the coaching staff or owner of LGTC or any other governing body such as USA Gymnastics for any illness that is found to have originated or that I or my child contracted at LGTC.

Photo Usage: I permit Langley Gymnastics Training Center LLC to use images of my child in internal and external promotion material. This includes any printed material, broadcast and print advertising, promotional videos and the Langley Gymnastics Training Center LLC website which are produced or published by Langley Gymnastics Training Center LLC. I also permit Langley Gymnastics Training Center LLC. to use images of my child in broadcast and print media news coverage of Langley Gymnastics Training Center LLC.

PARENTAL CONSENT

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of Child #1 Printed name of Child #2 Printed name of Child # 3

Address _____

Contact Number _____ **Email Address:** _____

Printed name of **Parent/Guardian**

Signature of **Parent/Guardian**

Dated