

All Sports Winter Break



4213 N. Pine Island Rd.
Sunrise, Fl. 33351 954-
746-KIDS
www.Allsportskids.com

NAME OF CHILD(REN) _____ AGE(S) _____ D.O.B. _____
ADDRESS _____ CITY _____ ZIP _____
MOTHER/GUARDIAN _____ DAY PHONE# _____
FATHER/GUARDIAN _____ DAY PHONE# _____
MOTHER EMAIL _____ FATHER EMAIL _____
SCHOOL _____ GRADE _____

SELECT YOUR PROGRAM:

_____ **WINTER BREAK WEEK**
\$125 PER WEEK (without field trips)

_____ **WINTER BREAK DAILY**
\$32.50 PER DAY

***Transportation is included.**
5% off if you paid upfront by November 18th. Prices subject to
change.



POLICIES

Registration Policy:

At registration, a \$25 non-refundable fee + two weeks tuition (first and last) per child is due. Second child, same family will receive a **10%** discount on tuition. Each additional child will receive a **30%** discount. INITIALS _____

Tuition Policy:

All tuition must be kept current and must be paid prior to your child's attendance. Tuition is due on Monday of each week as the Centre is completely dependent upon the tuition payments for its operation. A \$25 late fee will be added to your account if payment is not received by the end of Tuesday, and an additional \$5 each day after. If payment is not made by the end of the week, arrangements must be made before your child may return to the Center. Late tuition may result in your child's suspension from the program. Returned checks will be charged an additional fee of

\$30. If a child withdraws from the program for any reason a written notice of two weeks must be given. The student will be charged for the remainder of the two weeks. If a child withdraws from the year round program, they will be charged for the remaining weeks in the program.

INITIALS _____

Refund Policy:

Registration fees and supply fees will not refunded. All tuitions are based upon the total yearly cost of the program. The weekly fee is a breakdown of this yearly cost to facilitate parent payment. It is understood that the full tuition will be charged each week whether or not my child is in attendance, regardless of scheduled school closings, as indicated in our early calendar, severe weather conditions (hurricanes), vacations and or illness. There are no exemptions to this policy. No refunds will be given for registration fees, and for days absent.

INITIALS _____

Vacation Policy (for year around only):

Only children on the year round program will receive 1 (one) vacation week during after the school year and an additional 1 (one) vacation week during the summer. Vacation time may not be rolled over into summer or the next school year. INITIALS _____

Personal belongings

All Sports, and their employees, are not accountable for children's personal belongings, including electronics. INITIALS _____

Late Pick-up Policy:

All Sports closes at 7 pm. Late pick-up will result in the following penalties:

Pick-up between 7:01 – 7:10 pm:	\$5
7:11 – 7:20 pm:	\$10 (total \$15)
7:21 – 7:30 pm:	\$20 (total \$35)
7:31 – 8:00 pm:	\$25 (total \$60)

All Fees are due at the time of pick-up

After 8 pm All Sports will be forced to contact the proper authorities. INITIALS _____

Collection:

In the event that there is a breach of the contract, the responsible party whose name is signed below, agrees to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, and all costs, and expenses, including reasonable attorneys' fees, we incur in such collection efforts. INITIALS _____

I agree to abide by all the rules of the program as detailed in this registration form. I have read the above terms and agree to the condition.

RESPONSIBLE PARTY _____ DATE _____

Release of Liability Form



Child's Full Name: _____

____ School Child Attends: _____

In consideration of (child's name) _____, my minor child/ward being allowed to participate in all ways in the All Sports program related to events activities, clinics, field trips, practices, competitions and classes the undersigned acknowledges appreciates and agrees that:

I understand by taking part in this or any sports / dance / cheerleading program there is a possibility of injury or sickness to my daughter / son therefore with this knowledge I give permission for my child to participate fully in all the programs at All Sports and due hereby grant authorization of treatment to my child should she/ he become injured or ill.

I for myself, my spouse, my child, agree to hold harmless All Sports, All Sports Karate & Fitness, Inc., All Sports of Sunrise, All Sports Spirit, All Sports Athletic Association, their respective officers, directors, employees, agents, contractors, subsidiaries, affiliates, and parent companies for any injury occurred as a result of my child's participation in the All Sports programs, even if it shown that they are negligent.

For myself, my spouse and child I knowingly and freely assume all risk both known and unknown, even if arising from the negligence or the releases or others, and assume full responsibility for my child's participation.

I willingly agree to comply with the programs stated and customary terms and conditions for participation. If I observe any unusual significant concerns in my child's readiness for participation and / or in the program itself I will remove my child from participation and bring such to the attention of the director immediately.

I give All Sports the right to film, photograph, or video tape my child for any reproductions associated or in any way connected with said television or film event in particular reproduction for use in any form of advertisement for All Sports promotional purpose.

I have read this release of liability and assumption of risk agreement, and fully understand its terms and understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without an inducement.

Parent/ Guardian: _____

Health Insurance Co. name: _____ and policy# _____

Signature of Parent/

Guardian: _____ Date: _____

Pick up list



FOR YOUR CHILD'S SAFETY,

HE OR SHE WILL ONLY BE RELEASED TO A PARENT OR OTHER PERSONS LISTED ON THIS PICK UP FORM. NO EXCEPTIONS WILL BE MADE.

Anyone removing a child from All Sports will be asked to show J.D. such as a Florida driver's license. Permanent changes or additions to this list must be made in person and only by the registering parent or parents. You may add as many names as you wish to this form.

Child(ren) Name(s): _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

NOTE: Please pick a password you will remember to be used for the purpose of phone identification (DO NOT GIVE OUT YOUR PASSWORD, IT IS NOT CONSIDERED A FORM OF J. D. OR FOR THE PURPOSE OF PICK UP. IT IS STRICTLY FOR ALL SPORTS TO IDENTIFY A CHILD'S PARENT ON THE PHONE.)

PASSWORD: _____

Signature of Parent/ Guardian: _____ Date: _____

Medical Release Form

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"Where Kids, Fun & Sports Come Together"

Child's Name	Home Phone#	DOS	M	F
Address		City	State	Zip
Mother, Guardian- Name	Day Phone	Cell		
Father, Guardian- Name	Day Phone	Cell		
Add'l Emergency Contact- Name	Day Phone	Cell		

Date of last physical exam _____ Do you carry family medical/hospital insurance? yes _____ no _____

Carrier _____ Policy* _____ Group# _____

Health History Check and give approximate dates when applicable. _____ Measles _____ Chicken Pox

_____ Frequent ear infections _____ Diabetes _____ Bleeding/ clotting disorder

_____ Heart defect/disease _____ Convulsions _____ Asthma (on inhaler?) _____

Allergies check all that apply

___ Penicillin ___ Insect stings ___ Poison Ivy ___ Hay fever ___ Food Allergies (list foods) _____

___ Other (please describe) _____

Immunization Record required if child is not registered in a Broward County Public School

___ Broward County School ___ Immunization records provided

Medical Information

Operations or serious injuries _____

Chronic or recurring illness or medical condition(s) _____

Dietary restrictions _____

___ ___ Current Medication(s) _____

Release This statement must be signed for attendance. This health history is correct as far as I know and the person herein described has permission to engage in all prescribed activities as noted.

AUTHORIZATION FOR TREATMENT I hereby give my permission to the medical personnel selected by the camp director to order x-rays, treatments, and release of any records necessary for insurance purpose and to provide or arrange any transportation for my child in the event I can not be reached in an emergency. I hereby give my permission to the physician selected by the camp director to secure and administer treatment including hospitalization for the above named person.

Signature of Parent/ Guardian: _____ Date: _____