



# Before/After School Care

**2021 - 2022**

Circle If: Annual  
Fitness Member

**1st Child's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade in Fall 2021 \_\_\_\_\_ School: \_\_\_\_\_ Bus No. \_\_\_\_\_

**2nd Child's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade in Fall 2021 \_\_\_\_\_ School: \_\_\_\_\_ Bus No. \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Employment: \_\_\_\_\_ Mother's Employment: \_\_\_\_\_

Father's Cell No.: \_\_\_\_\_ Mother's Cell No.: \_\_\_\_\_

Father's Work No.: \_\_\_\_\_ Mother's Work No.: \_\_\_\_\_

Home Telephone # \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Child lives with \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other

If parents are divorced, who has legal custody of the child? \_\_\_\_\_

Emergency Contacts:

1. \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # \_\_\_\_\_ Cell #: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Ins. ID #: \_\_\_\_\_ Group: \_\_\_\_\_

Allergies: \_\_\_\_\_

Additional ADULTS who have permission to pick up your child.

Name	Relationship	Phone
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**BEFORE CARE HOURS: 7:00 AM TO 9:00 AM**

**AFTER CARE HOURS: 3:00 PM TO 6:00 PM**

## **Before School Care**

Payments are due by the 1st of the month. Payments made after the 5<sup>th</sup> will be assessed a late fee of \$15.00. Payments over sixty (60) days past due will be sent to a collection agency.

\_\_\_\_\_ initial

**Cancellation requires a thirty (30) day written notice.**

### **REQUIRED FEES - To be submitted with registration form**

_____	<b>\$25.00</b>	<b>Non-refundable family registration fee—required only if not attending after school care</b>
_____	<b>\$40.00</b>	<b>Before Care (SCHOOL BUS TRANSPORTATION) Per Month (1<sup>st</sup> Child)</b>
_____	<b>\$36.00</b>	<b>Before Care (SCHOOL BUS TRANSPORTATION) Per Month (Additional children)</b>
_____	<b>\$15.00</b>	<b>(VAN SERVICE FEE) Per month <u>PER CHILD</u>—required only if not attending after school care</b>

\_\_\_\_\_  
1ST CHILD'S NAME

\_\_\_\_\_  
2ND CHILD'S NAME

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MSC Representative

# After School Care

## Full Time After School Care Benefits:

- Holiday Camp Rate \$15.00 for entire day (7am- 6pm) (Savings of \$35 /day)
- No Charge for 1/2 days off of school (Savings of \$20 per half day)
- No Registration Fee for Summer Camp or Holiday Camp
- \$90 Recreational Gymnastic Classes
- Family Monthly Fitness Rate of \$60.37 with annual commitment

**Siblings receive 10% off each month**

I understand this is a ten (10) month contract **OR** from start date until the end of the school year and that I am responsible for my monthly tuition whether my child attends or not. Cancellation prior to the completion of the 10-month contract will only be considered if the child has moved more than 30 miles (with proof of move).

\_\_\_\_\_  
initial

**\* Contract will be suspended/voided in case of school closure.**

Payments are due by the 1<sup>st</sup>. Payments made after the 5<sup>th</sup> will be assessed a late fee of \$15.00. Payments over sixty (60) days past due will be sent to a collection agency.

\_\_\_\_\_  
initial

**We cannot accept payment in full for the 10 months due to the uncertainty of this school year.**

**No refunds— credit can be applied to any program in our facility within one year.**

### REQUIRED FEES - To be submitted with registration form

_____	\$25.00	Non-refundable family registration fee
_____	\$160.00	After Care (SCHOOL BUS TRANSPORTATION) Per Month (1 <sup>st</sup> Child);
_____	\$144.00	After Care (SCHOOL BUS TRANSPORTATION) Per Month (Additional children)
_____	\$15.00	VAN SERVICE per month <u>per child</u>

1ST CHILD'S NAME : \_\_\_\_\_

2ND CHILD'S NAME: \_\_\_\_\_

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MSC Representative

**CONTRACT OF WAIVER & RELEASE OF LIABILITY**

DISCLAIMER: MANDEVILLE SPORTS COMPLEX, INC. IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON WHILE PRACTICING, TRAINING, TAKING CLASS, OR COMPETING IN GYMNASTICS OR CHEER OR PARTICIPATING IN KIDS FUN NIGHT, SUMMER CAMP ACTIVITIES, HOLIDAY CAMP ACTIVITIES, SWIM PROGRAMS, BEFORE/AFTER SCHOOL CARE, BIRTHDAY PARTIES, VOLLEYBALL, BASKETBALL, FLAG FOOTBALL OR SPECIAL EVENTS, DEMONSTRATIONS, OR SHOWS, OR IN ANY OTHER WAY INVOLVED IN ACTIVITIES AT MANDEVILLE SPORTS COMPLEX, INC. FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF MANDEVILLE SPORTS COMPLEX, INC. ITS OWNERS, OFFICERS, AGENTS, OR EMPLOYEES.

In consideration of my participation, I hereby release and covenant not-to-sue MANDEVILLE SPORTS COMPLEX, INC. the MANDEVILLE SPORTS COMPLEX, INC. Board of Directors and officers, the MANDEVILLE SPORTS COMPLEX, INC. and any of their employees, teachers, coaches, or agents, from any and all present and future claims resulting from ordinary negligence on the part of MANDEVILLE SPORTS COMPLEX, INC. or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in gymnastics, cheerleading or any other activities or any activities incidental thereto, wherever, whenever, however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that gymnastics and cheerleading are vigorous sporting activities involving height and rotation in a unique environment and as such they pose a risk of injury. I understand that gymnastics, cheerleading, and related activities always involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that the mats, pits, and other safety equipment and apparatus provided for my protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I understand that participation in gymnastics and related activities involves activities incidental to active participation in gymnastics, including moving from event to event, conditioning, stretching and other activities which may leave me vulnerable to the reckless actions of other participants who may not have complete control over their actions or who may not see other students in the gym. I am voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless MANDEVILLE SPORTS COMPLEX, INC. and all others listed for any and all claims arising as a result of my engaging in or receiving instruction in activities incidental thereto, whenever, wherever, or however the same may occur. If an injury occurs, the party hereby contracts and agrees that their individual medical coverage is deemed primary in any and all situations.

I give permission to MANDEVILLE SPORTS COMPLEX, their officers and staff, to provide medical treatment in case of an emergency or injury.

I further authorize MANDEVILLE SPORTS COMPLEX the irrevocable right to use photographs of my child and myself in all forms, media and manners, without restriction for advertising, promotion, or any other lawful purposes.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of Louisiana and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the state of Louisiana.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me for the ordinary negligence of MANDEVILLE SPORTS COMPLEX, INC. or any person/entity listed above.

**Waiver is being signed for Parents/Guardians and Children accompanying them while at MSC**

Child(ren) Name(s) (Please Print): \_\_\_\_\_

Parent/Guardian's Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

**Email Address:** \_\_\_\_\_ Revised 1-19-16