

AcroKids Registration Form

Last Name: _____

05/1/2022

Student's Last Name First Name M/F _____ Age _____ Birth Date _____

Student's Last Name First Name M/F _____ Age _____ Birth Date _____

Mom's Last Name Mom's First Name Dad's Last Name Dad's First Name

(_____) (_____) @_____
Mom's Cell Dad's Cell Email Contact (required for all students)

Street Address City Zip Code

REQUIRED POLICIES AND AGREEMENTS

Location

I understand that classes marked FW will be held at 1800 W Nasa Blvd, League City, TX 77573 and classes marked LC will be held at 2705 Dickinson Ave., League City, TX 77573. It is my responsibility to make sure I sign up for the location that I would like my child to attend.

FW = 1800 W. Nasa Blvd, League City, TX 77573

LC = 2705 Dickinson Ave, League City, TX 77573

_____ I've read the above and agree

Assumption of Risk and Waiver of Liability

As legal guardian of the above named persons, I RECOGNIZE AND FULLY UNDERSTAND THAT POTENTIALLY SEVERE INJURIES, INCLUDING PERMANENT PARALYSIS OR DEATH can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, birthday parties, open gym, etc. These risks and dangers may be caused by my own or my child's actions, or inactions, the actions or inactions of others participating in the Activity, or the negligence of USAcroSports, Incorporated, AcroSports Gymnastics and AcroKids Academy (collectively AcroSports), officers, directors, shareholders, or other representatives, whether paid or volunteer. BEING FULLY AWARE OF THESE DANGERS and in consideration of the minor being permitted to participate in activities at this facility, or the use of equipment on and off premises owned by AcroSports or affiliated companies I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS USAcroSports, Incorporated on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, its officers, directors, shareholders, employees or other representatives, whether paid or volunteer, FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES, WITHOUT LIMITATIONS, ON THE MINOR'S ACCOUNT OR MINE caused or alleged to be caused in whole or in part by the

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negligence of USAcroSports, Incorporated, its officers, directors, shareholders, employees, or agents.

I affirm that I am the LEGAL Guardian of the child/ren I am signing up and have full LEGAL authority to do so. If I am found in violation of this I will be asked to leave with no refund.

_____ I've read the above and agree

Student Allergies/Medical Conditions/Physical Restrictions

I confirm that my child does/does not have any medical conditions stated below. I understand that I may be asked to provide a signed physician's note in order for my child to participate in any programs provided by AcroKids Academy or US AcroSports, Incorporated.

Allergies _____

Special Needs (if none, please write N/A) _____

Restrictions _____

_____ I've read the above and agree

Consent to Emergency Medical Treatment/Medical Insurance

I confirm that my child is in good health and that I currently provide medical insurance for my child and will continue to provide medical insurance while he/she is enrolled in any programs provided by USAcroSports, Incorporated. I/We do hereby authorize any adult officer, director, supervisor, instructor or employee of USAcroSports, Incorporated, d/b/a AcroSports Gymnastics and AcroKids Academy who has care and control of the student to consent to any medical treatment of the student when I/We cannot be contacted pursuant to 35.01 of the Texas Family Code which, in the judgment of any perspective treating doctor, is immediately and medically necessary to treat any injury sustained by the student.

I affirm that I am the LEGAL Guardian of the child/ren I am signing up and have full LEGAL authority to do so. If I am found in violation of this I will be asked to leave with no refund.

_____ I've read the above and agree

Arbitration

I/We do hereby agree that any and all disputes, controversies, claims or demands, including but not limited to personal injuries, arising out of or related to this agreement or any provisions thereof, the services provided to me and/or the student, or in any way relating to the relationship with USAcroSports, Incorporated, its officers, directors, supervisors, agents or employees, whether in contract, tort or otherwise, for damages or any other relief, shall be resolved by binding arbitration at the request of either USAcroSports, Incorporated, or me under the arbitration rules of the American Arbitration Association unless otherwise mutually agreed on another arbitration procedure, and USAcroSports, Incorporated and I are waiving our right to a trial by jury.

I affirm that I am the LEGAL Guardian of the child/ren I am signing up and have full LEGAL authority to do so. If I am found in violation of this I will be asked to leave with no refund.

_____ I've read the above and agree

Participant Agreement, Release and Assumption of Risk

In consideration of the services of US Acrosports, their agents, owners, officers, volunteers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "US A"), I hereby agree to release, indemnify, and discharge US A, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in any amusement activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: slips and falls; tripping hazards; collision with fixed objects or people; participants often fall or run into on each other resulting in broken bones and other serious injuries; colliding with others which could cause strains, sprains, broken bones and head injuries; cuts, abrasions, and bruises; heat exhaustion, heat stroke, and cardiac related events or illness; musculoskeletal injuries including head, neck, and back injuries; equipment failure or operator error; the negligence of other participants, or other persons who may be present; concussions; whiplash; equipment failure or operator error; condition of the field or track; my own physical condition, and the physical exertion associated with this activity. In any event, if you or your child is injured, you or your child may require medical assistance, at your own expense. Furthermore, US A personnel have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. Indemnity, release and hold harmless agreement in favor of US A. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless US A from any and all claims, demands, or causes of action based upon or arising out of injuries, including death, to persons, or damages to or destruction of property, sustained or alleged to have been sustained in connection with, arising out of, or in any way related to my participation in this activity or my use of US A's equipment or facilities, including any such claims, demands or causes of action which are based or founded, in whole or in part, upon the alleged negligent acts or omissions of US A.

4. Should US A or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I further acknowledge, understand, appreciate and agree that my participation and that of my children may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza and Covid-19. I acknowledge that US A will take measures to limit this exposure as recommended by the federal, state, and local authorities, and that US A is not able to guarantee that exposure will not happen within the facility. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even arising from the negligence of the releasees or others, and assume full responsibility for my participation and exposure. I will also not bring my child to AcroSports/AcroKids Academy if running a fever of 100.4 or higher, have head lice or showing symptoms of COVID or Flu.

6. In the event that I file a lawsuit against US A, I agree to do so solely in the state of

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Texas, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against US A on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at US A. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against US A on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at US A. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

_____ I've read the above and agree

2022-2023 ACROKIDS ACADEMY

AcroKids 2022-2023 School Year begins August 16, 2022 to May 25, 2023. We offer Before and After School Licensed Childcare at both League City and Friendswood Locations. AcroKids Academy is open from 6am to 7:30am for before school care, and 3pm to 6:30pm for after school care, Monday through Friday, for the entire school year. We close to observe the following holidays: **New Years, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the day after and the Friday before Christmas Day.** We reserve the right to close early on other holidays such as Halloween, Christmas Eve, New Year's Eve, ect.

_____ I've read the above and agree

Tuition Policies

Registration: When enrolling in AcroKids Academy, a non-refundable annual Registration Fee of \$75 will be due for the 1st child, and \$25 each additional child/ren. Registration will be paid in their anniversary month each year thereafter in which child is enrolled. For instance if you enroll in August of 2022 your registration fee will be good until the following August of 2023. Annual registration fees will be billed on the 5th of the anniversary month. Registration Fee is not refundable.

The day of registration when enrolling for the 2022-2023 School Year session you will be charged registration fee if one is owed. This is used as a deposit to hold your child's spot in the class and will be forfeited if you choose to withdraw your child at any time after registration.

** If you are enrolling for Before School ONLY, the weekly tuition is \$70

** If you are enrolling for After school ONLY, the weekly tuition is \$115

** If you are enrolling for BOTH Before/After School, the weekly tuition is \$140

WEEKLY TUITION is charged every FRIDAY for the NEXT week for all students.

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****Early Release Days- \$15 extra**

****Professional Development Days- \$25 extra per day**

****Holiday Care- \$35 per day**

Siblings receive a 10% discount off 2nd child's tuition. Tuition is not prorated for school holidays, vacations, illnesses, or weather related school closings. **Late pickup is charged \$1 per minute after 6:30pm.** Withdrawals are permitted with a full 2 week notice sent to keri@acrosports.com (Friendswood) or katrina@acrosports.com (League City), with the drop date falling on a Friday **ONLY. Tuition and fees are not refunded when a child drops. Partial weeks are not prorated.**

Tuition: Parents or person responsible for payment of tuition must provide AcroKids with a credit or debit card to be billed automatically each month. Credit Card information must be accurate and AcroSports must be notified immediately if the account on file reaches its expiration date or if the account is suspended or closed so that automatic billing can continue. If a credit/debit card is declined, parents will be notified via email and will be given the opportunity to provide updated credit information. If payment is not made within 2 business days, a \$10 Late Fee will be assessed. If payment is still not received, another \$10 fee will be added every 2 business days until the account is caught up. Students may be asked to leave AcroKids Academy if tuition remains unpaid. **If a family does not want tuition billed by credit card, they may make a payment by cash, check, or a different credit card at the front office prior to 6:30pm on Wednesday to avoid being billed on Friday. Skills classes billing must have payments in by the 1st of the month to avoid credit cards being run on the 5th of the month.** A \$35 fee will be charged on all returned checks and bank drafts.

AcroKids is willing to work with families who have special circumstances if parents communicate their needs to us. I understand that regardless of the location my child attends, all billing will be processed with the address 1800 W Nasa Blvd, Webster, TX 77598

_____ **I've read the above and agree**

Ages & Classrooms

Children ENTERING kindergarten through COMPLETED 5th grade are eligible to register for the AcroKids School Year program. All children must be at least 5 years old or turning 5 by Sept. 1, 2022.

Students are broken up into classroom groups by age and grade level once enrollment is complete. We have numerous classrooms so each group has an age range of only 1-2 years and 1-2 grade levels.

_____ **I've read the above and agree**

Schools Served at the Friendswood Location

FISD: Cline, Westwood/Bales

CCISD: Landolt, Wedgewood, Greene, McWhirter, Gilmore, Hall, Ross, Bauerschlag, Campbell

Schools Served at the League City Location

DISD: Barber Middle School, Bay Colony, Calder Road

CCISD: Goforth, Parr, Hyde, Ferguson, Mossman, League City Elementary

_____ **I've read the above and agree**

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Optional Skills Classes and Pricing

Children may enroll in up to one skills-based class per day, so a maximum of 5 classes per week may be chosen for each child. These classes bill on the 5th of each month through the AcroSports billing system. Changes are permitted monthly by email sent to keri@acrosports.com or katrina@acrosports.com by the deadline. Partial months are not refunded if a child drops from the program before their classes end. Skill Class pricing is offered at a discounted rate ONLY if the child is attending their skills class during AcroKids Academy hours. The first class is \$69 per month and any additional classes will be 15% off. Skill class choices are gymnastics, tumbling, ninja and non-competitive cheer. If you enroll in a skills class after AcroKids hours or on the weekend, you will be charged full price.

_____ I've read the above and agree

Missed Classes/Holidays

AcroKids Academy does not allow make-ups for missed school days nor do we pro-rated for any school holidays, school closings, student vacations, or student illnesses. Tuition is the same every week EXCEPT for the following holiday weeks: **Thanksgiving, Christmas, Spring Break.** Holiday care is paid for by the day, and families are required to RSVP for "Holiday Care" by the deadline each time sent by email. Discounts for siblings, military, etc. do not apply during Holiday Care. If your child misses a day of school, you will be allowed to schedule a make-up for their skills class only. Make-up skills classes are allowed on a space-available basis, and only AFTER your child missed a class. Only 1 make-up skills class is allowed per month, so please try to bring your child to their skills classes if at all possible.

_____ I've read the above and agree

Parent Notifications

If a child will NOT be riding the AcroKids bus/van afterschool for ANY reason, it is the Parent's responsibility to notify AcroKids. The deadline for notifications is 2:30pm for all schools. On early release days, the notification deadline is 11:30am. Notifications received after the deadline will incur the notification fine (\$25 per occurrence, per child). The bus drivers are instructed to not leave the school without every child on their list, so every effort must be made to find a child who is missing. We will check with the school, call parents, ect. This causes SEVERE delays in our pick up system, and thus causes children to be late for their after school skills classes. Please make every effort to remember to notify us to avoid the notification fee. Notifications can be accepted as far in advance as needed.

Voicemail or messages left at the front office, or emails to the front office will NOT be accepted. We must have a record of the notification, only text/phone calls to the AcroKids cell phone (number is given once enrolled) will be accepted.

_____ I've read the above and agree

Withdraw From AcroKids Academy

Two full weeks (M-F) email notice is required when withdrawing a child from AcroKids Academy, with the final day of care being a Friday only. Tuition and fees are not refundable upon withdrawing and will not be pro-rated if a child leaves prior to the full 2 weeks notice for any reason.

_____ I've read the above and agree

Arrival & Departure Time

AcroKids Academy Before School Care begins at 6am, and all vehicles leave our facilities at 7:30am SHARP. For FISD the bus leaves at 7:15am. If your child arrives after the scheduled departure time then they will have missed their ride to school. After school care begins at 3pm and ends at 6:30pm. Promptness is also essential when picking up your child. **AcroKids Academy charges \$1 a minute if you arrive after 6:30pm.**

AcroSports classes will begin promptly & late arrivals can be a major distraction! Please arrive early enough if your child is enrolled in skill classes so that your child is ready to participate when class begins. All children, including siblings & guests, must remain inside the AcroKids/AcroSports building unless supervised by an adult. We cannot be responsible for children once they leave our building.

_____ **I've read the above and agree**

Safety Protocols

When necessary, safety and sanitation protocols will be imposed by US A for the safety of all our students, staff, and family. Students should not attend AcroKids Academy/AcroSports if running a fever of 100.4 or higher, have head lice or showing symptoms of COVID or Flu. Parents/Guardians will be contacted and asked to have the child picked up and not return until symptoms are treated and the child is no longer contagious, has a doctor's note to return or has been symptom free for 24 hours without medication. I understand that my family members will be required to adhere to all these protocols, including limitation of spectators, social distancing in public areas, etc.

_____ **I've read the above and agree**

Ninja & Gym Attire

Gymnastics, Tumbling, Sports/Combo - Children should wear elastic waistband shorts and a t-shirt or a leotard. No zippers, buttons, stockings that cover the feet, etc. If a student has long hair, please pull back out of his/her face and absolutely no jewelry may be worn.

For Ninja - Students should wear elastic waistband shorts and a t-shirt and **MUST** wear socks AND tennis shoes for class.

For Cheer - Students should wear elastic waistband shorts and a t-shirt and they may go barefoot or wear socks and tennis shoes.

Children are not allowed to wear jewelry into the gym. AcroSports will not be responsible for any lost jewelry or other personal items.

If your child is not wearing appropriate attire, they will not be able to participate in class and will need to schedule a make-up with the AcroKids Director.

_____ **I've read and agree to the above policy**

Additional Policies/Class & Schedule Changes

Parent & Sibling Observation: Parents are not permitted out into the gym unless enrolled in a parent-tot class. Parents must keep children under control and quiet in the waiting area. Children are not permitted to leave the AcroSports building or be present in the parking area without adult supervision. No skateboards, skates, bikes, etc. are allowed in the parking area. For the comfort of all our customers, parents with crying or unruly children are asked to remove the child from the observation and office areas.

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Class /Schedule Changes: Your child's class environment is an important key in a productive and enjoyable class experience. To maintain a consistent environment for children and coaches we allow one class change per month. AcroSports is willing to work with families who have special circumstances if parents communicate their needs to us. If you need to transfer to a different class, please do so with your AK Director or the Front Office to avoid being charged if you do so online.

Conferences with Instructors & Management: Instructors and management are happy to discuss parent concerns during the session. In order to avoid distracting instructors and students, parents are not permitted to enter the gym to confer with instructors. Parents may contact management and instructors by telephone or email office@acrosports.com or ask the Front Desk to schedule a conference in person.

Photographs and Videos: I also give permission for photographs and videos of my child to be used in print or broadcast media or posted on the internet as deemed appropriate for the promotion of any USAcroSports, Incorporated activities. **We ask that you do NOT use ANY videos and/or photos of other child/ren in print or broadcast media or posted on the internet. If you are sharing videos and/or photos of your OWN child/ren, we ask that you please check that no other child/ren are included or further disciplinary actions will be taken. NO FLASH PHOTOGRAPHY ALLOWED!**

_____ **I've read the above and agree**

I AGREE TO ALL OF THE ABOVE

Enter your Full Name*

Signature

Date Signed

As the parent/legal guardian of an AcroKids student, I understand and agree to abide by the policies of AcroSports Gymnastics and AcroKids Academy as stated in this document.

(print) Student's Last Name, First Name

(print) Parent's Last Name, First Name

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Parent Signature _____ Date _____

Last 4 Digits of Credit Card Put On File: _____

Full Name on Credit Card: _____

Zip Code of Credit Card put on File _____

CREDIT CARD AUTO-PAYMENT

AUTHORIZATION FORM I (we) hereby authorize USAcroSports, Inc. , dba AcroSports Gymnastics and AcroKids Academy (THE COMPANY) to automatically bill my credit or debit card with the number and expiration date below for my child/children's monthly tuition on a monthly basis. This authority will remain in effect until THE COMPANY is notified by me (us) in writing via drop@acrosports.com to cancel this agreement. I also acknowledge that, in order to stop my pre-authorized credit card or debit card billing, I must give this written notice prior to withdrawing my child from classes no later than the 15th of the child's last month of class. When a timely Drop Notice is received to drop@acrosports.com, the tuition fee will be charged for the student's last month of tuition and the automatic billing will be canceled. Verbal notice, phone messages, or notice to instructors does not meet this requirement. If Drop Notice is not received by the 15th of a month, AcroSports will charge my last month of tuition to my credit card *does not apply to summer session - no drops permitted during summer session *If my child's tuition increases, THE COMPANY will automatically charge the increased amount. Should I wish to charge additional items (pro shop, entry fees, special events, etc.) I will notify AcroSports in each instance.

Parent/Guardian's Signature

Cardholder's Signature (if different from parent/guardian)

Date Signed

Date Signed

CREDIT CARD AUTO-PAYMENT

AUTHORIZATION FORM I (we) hereby authorize USAcroSports, Inc. , dba AcroSports Gymnastics and AcroKids Academy (THE COMPANY) to automatically bill my credit or debit card with the number and expiration date below for my child/children's monthly tuition on a monthly basis. This authority will remain in effect until THE COMPANY is notified by me (us) in writing via drop@acrosports.com to cancel this agreement. I also acknowledge that, in order to stop my pre-authorized credit card or debit card billing, I must give this written notice prior to withdrawing my child from classes no later than the 15th of child's last month of class. When timely Drop Notice is received to drop@acrosports.com, the tuition fee will be charged for the student's last month of tuition and the automatic billing will be cancelled. Verbal notice, phone messages, or notice to instructors does not meet this requirement. If Drop Notice is not received by the 15th of a month, AcroSports will charge my last month of tuition to my credit card *does not apply to summer session - no drops permitted during summer session *If my child's tuition increases, THE COMPANY will automatically charge the increased amount. Should I wish to charge additional items (pro shop, entry fees, special events, etc.) I will notify AcroSports in each instance.

Type of Credit/Debit Card

E-Mail Address of cardholder **required**

Name of Credit/Debit Cardholder (please print)

Credit Card Number

Expiration Date

Name of Student's Parent/Guardian (please print) _____

Student's Name (please print) _____

Card Holder's Billing Address (please print)

City, State

Zip

(____) _____ (____) _____ (____) _____

Home Number

Work Number

Cell Number

Parent/Guardian's Signature

Date Signed

Cardholder's Signature (if different from parent/guardian)

Date Signed

Last Name: _____

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