



Central Florida Athletics LLC

AFTER SCHOOL PICK-UP REGISTRATION FORM 20__-20__

Name of Participant _____ DOB _____

Address _____ City _____ Zip _____

Home Phone _____ Male () Female () School Grade _____

School Name _____ Referred by _____

Mother's Name _____ Father's Name _____

Work Phone _____ Work Phone _____

Cell _____ Cell _____

Emergency Contact _____ Relationship to child _____

Home Phone _____ Cell Phone _____

I give my permission for my child to be picked up from school by Central Florida Athletics LLC and transported to the Central Florida Athletics LLC facility. I understand that my child will be escorted to Central Florida Athletics LLC with supervision by a Central Florida Athletics LLC employee. By signing this document, I acknowledge the inherent risk of bodily injury, psychological injury, or even death, involved with operation of motor vehicles and being a passenger within a motor vehicle. By signing this document, individually and as parent and/or natural guardian of my child(ren), I hereby release, hold harmless and exculpate Central Florida Athletics LLC, its officers, agents, employees, assigns, and representatives, from any and all liability with respect to transportation of my child(ren). **Parent Initials** _____

****NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN****

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF CENTRAL FLORIDA ATHLETICS LLC USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM CENTRAL FLORIDA ATHLETICS LLC IN A LAWSUIT FOR



ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND CENTRAL FLORIDA ATHLETICS LLC HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I will be responsible for calling Central Florida Athletics LLC by 12:00 noon (the day of pick-up) if my child will be absent from school or if alternate transportation has been arranged for that day. **Parent Initials** _____

I understand that the Central Florida Athletics LLC After School Pick-up Program is a school year commitment, and that by signing this form I will pay Central Florida Athletics LLC \$ _____ per week* for the 2014-2015 school year. However, this does not include any charges that may be applied to my account for late payment or late pick-up. Payment is due regardless if your child/children are here or not! A \$100, non-refundable, deposit is required for the school year. I ALSO ACKNOWLEDGE THAT IF I SHOULD FALL 2 WEEKS BEHIND IN DUES MY CHILD WILL NO LONGER BE PICKED UP BY CENTRAL FLORIDA ATHLETICS LLC UNTIL FULL PAYMENT IS MADE. **Parent initials** _____ (*Prices are subject to change.)

I understand that payment is due at the beginning of the current school week. Any payment made after the first day of the current school week is considered late and Central Florida Athletics LLC will apply a late charge of \$10 to my account. I also acknowledge that pick-up must occur by 6:00 p.m. and Central Florida Athletics LLC will charge my account \$1 per minute that I am late picking up my child(ren). **Parent Initials** _____

Printed Name of Parent or Guardian _____ Date _____

Signature _____