BROWN'S GYM ORBIT SPORTS ACADEMY
Alvarez &SanchezLLC
740 Orange Avenue, Altamonte Springs, FL 32714
Phone: (407) 869-8744 | Fax: (407) 270-2284
Email: info@brownsgym.com

SPORTS AFTER SCHOOL PROGRAM & REGISTRATION PACKET

School Year 2026–2027

1. PROGRAM HIGHLIGHTS & DETAILS

- **Eligibility:** Girls and boys ages 5 to 14 years old. (Participants must turn 6 years old by September 1st, 2026).
- **Hours:** Program pick-up is available as late as 6:30 P.M.
- **Snacks & Drinks:** Parents must bring snacks and drinks for their child, or funds can be added to the child's account in advance. A **minimum deposit of $20.00** is required. *Please note: We cannot contact parents to request snack money; funds must be added to accounts in advance.*
- **Activities:** Daily sports activities, gymnastics, games, crafts, and more.
- **Discounts:** A 10% sibling discount is available, plus additional discounts for enrollment in other academy programs.

2. WEEKLY PRICING, FEES & CALENDAR POLICIES

Fee Description	Rate / Amount
BGO Annual Membership (Per Student)	**$55.00**
Deposit	**$87.00**
Transportation & Pick-Up Fee (Flat fee for 1–5 days) Weekly	**$87.00 / week**
Drop-Off Fee (Flat fee for 1–5 days, **no van pick-up** Drop Off: 3:00pm - Pick Up:6:30pm)	**$65.00 / week**

Strict Calendar & Attendance Commitments:

- All recurring tuition payments are due on the **Friday prior** to the upcoming week of service.
- Fees stay exactly the same during weeks with early release days or when a student needs to be picked up early.
- In a situation where there is only one day of school a week due to the standard school calendar, the full weekly fee still applies and will not change.

3. PICK-UP TRANSPORTATION PROGRAM SCHOOLS

We provide scheduled pick-up services for the following elementary and middle schools:

Bear Lake	**Wekiva**	**Forest City**
Sable Point	**Spring Lake**	

STUDENT REGISTRATION & ENROLLMENT FORM

Please fill out entirely and print legibly.

Child 1 Name: _____ **Age:** _____ **DOB:** _____ ☐ M ☐ F

Child 2 Name: _____ **Age:** _____ **DOB:** _____ ☐ M ☐ F

Address: _____ **Cit y:** _____ **State :** _____ **Zip:** _____

Parent's Name: _____ **Home Phone:** _____

Cell Phone: _____ **Email:** _____

Mother's Employer: _____ **Father's Employer:** _____

Additional Emergency Number: _____ **Work Phone (M):** _____ **Work Phone (F):** _____

4. AUTHORIZED PICK-UP LIST & PHONE AUTHENTICATION

Please list all individuals authorized to pick up your child, including both parents.

1. _____ **Phone:** _____

2. _____ **Phone:** _____

3. _____ **Phone:** _____

Authorization Code (Private Security Code): _____ (e.g., pet, favorite character, or number for phone verification)

5. EMERGENCY CONTACTS & MEDICAL DETAILS

Include individuals who will routinely know your whereabouts in case parents cannot be reached.

Contact 1: _____ **Relationship:** _____

Address: _____ **Home #:** _____ **Work #:** _____ **Cell #:** _____

Contact 2: _____ **Relationship:** _____

Address: _____ **Home #:** _____ **Work #:** _____ **Cell #:** _____

Child's Physician: _____ **Physician Phone:** _____

Child's Dentist: _____ **Dentist Phone:** _____

Emergency Hospital Preference: _____

Known Medical Conditions: _____

Allergies : _____

Special Instructions: _____

AFTER SCHOOL POLICIES, PROCEDURES & EXPECTATIONS

1. Tuition Payments, Late Fees & Program Suspensions

All recurring tuition payments are strictly due on the Friday prior to the upcoming week of childcare services. If tuition payment is not received by Friday of the preceding week, the guaranteed credit card on file will be automatically charged on Monday. In the event that the card on file is declined, a **$10.00 decline fee** will be immediately applied to the account. If the card is declined and alternative payment is not securely received by Monday at 6:00 P.M., transportation and pickup services will be immediately suspended, and your child will not be picked up from school the following day.

2. Mandatory Attendance Notification Policy

If your child is absent from school or will not be picked up by the Brown's Gym van transportation service for any reason, you are strictly responsible for calling the office at **407-869-8744 by 12:00 P.M.** to inform us so the driver can be notified. Our phone line answering machine is operational 24 hours a day, allowing you to leave a clear voicemail before opening hours. Parents may also send email notifications directly to info@brownsgym.com.

3. Late Pick-Up Fee Policy

Program operational hours conclude at 6:30 P.M. Monday through Friday. If a child is not picked up on time by 6:30 P.M., an automatic late fee of **$1.00 for every minute** past the designated pickup time will be evaluated and charged directly to the family's payment account on file.

4. Food, Snack Account & Prohibited Items

Children are completely responsible for bringing their own daily snacks and drinks. Parents may choose to maintain a balance on their child's snack account by depositing a **minimum of $20.00 in advance**. Under no circumstances can office staff contact parents during active program hours to request or process snack money. Chewing gum is strictly prohibited inside the facility at all times.

5. Open Access Facility Policy Disclosure

Brown's Gym Orbit operates explicitly as an "Open Access Facility." While the academy provides structured programming, activities, and designated coaches, we do not provide restrictive direct physical containment or restrict free movement. However, children are never permitted to exit the facility premises without an adult escort. Our after-school program does not assume legal custody or responsibility for participants beyond scheduled program activities, and we do not hold any child against their will.

6. Proper Safety Apparel & Dress Code

To safely participate in physical gymnastics activities, girls are required to wear a standard athletic leotard or elastic-waist athletic shorts paired with a fitted t-shirt. Boys are required to wear athletic shorts and a standard t-shirt. Jewelry of any kind cannot be worn in the gym area (with the sole exception of small post/stud earrings). Long hair must be properly tied back, and hair ties must be provided by the family as needed. If a student does not have the proper attire, they will need to be picked up early unless the family can purchase or provide a change of clothing.

7. Cell Phone & Electronic Device Restriction

If a child brings a cell phone or any electronic device to the program, it must remain turned off and securely stored inside their backpack at all times to avoid behavioral distractions. **STUDENTS ARE NOT ALLOWED TO HAVE PERSONAL ELECTRONIC DEVICES OUT!** Please understand that Brown's Gym Orbit is not responsible if these personal items are lost, stolen, or damaged.

8. Official Program Withdrawal & Cancellation Policy

Brown's Gym Orbit requires all families to give a **full week's notice in writing** to formally drop a student from the program. If you fail to meet this requirement, you remain legally and financially responsible for the full last week's payment amount. All formal drop notices must be submitted via email directly to drops@brownsgym.com.

9. Behavioral Rules & Expectations

Staff are fully committed to providing a safe, positive, and structured environment. Appropriate student behavior is expected at all times. Rules are reviewed with children at the start of the year and reiterated daily.

- Show respect at all times to coaches, peers, and property.
- Move appropriately, safely, and follow all safety instructions set by coaches.
- Refrain from disruptive behavior, fighting, violence, inappropriate language, and property damage.
- Keep hands and feet to yourself at all times.

Disciplinary Actions & Slips: Any child not adhering to rules will receive the following:

- 1st Incident: Warning - written attention slip sent home to parents.
- 2nd Incident: Warning - second written attention slip sent home.
- 3rd Incident: Immediate suspension from the program for a set amount of days; parent conference required. **Attention slips may be issued for behavior, dress code violations, or outstanding snack account balances.**

Consistency, **O**pportunity, **U**niqueness, **R**espect, **A**ccountability, **G**racefulness, **E**xcellency

PAGE 4: COMPREHENSIVE RELEASES, WAIVERS & SIGNATURES

ALL SEPARATE FIELDS BELOW MUST BE FILLED, INITIALED, AND SIGNED.

SECTION A: GUARANTEED PAYMENT & POLICY ACKNOWLEDGMENT

Guaranteed Card:_____ **Exp Date**_____: **Cvc**_____:

I authorize Alvarez & Sanchez LLC dba Brown's Gym Orbit Sports Academy to charge my credit card listed above for the full weekly fee ($87.00) if payment is not made by Friday, unless 7 days prior written notice of absence is given. I agree to all tuition, decline fees, late pickup fees, and cancellation policies. No refunds or transfers will be issued for missed days.

Parent Initials verifying Policies & Payment Terms: _____

Parent Signature:_____ **Date :**_____

SECTION B: AFTER SCHOOL PROGRAM LIABILITY WAIVER & EMERGENCY RELEASE

In consideration of participating in the Brown's Gym Orbit After School Program, AKA Alvarez & Sanchez LLC 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 "releases" 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 Alvarez & Sanchez LLC DBA Brown's Gym Orbit , its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and instructors 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 "releases" 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 Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which any may incur as the result of 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.

Parent Signature:_____ **Date :**_____

SECTION C: PUBLICITY & PHOTO PERMISSION RELEASE

I give permission to Alvarez & Sanchez LLC dba Brown's Gym Orbit Sports Academy to take or use pictures, slides, digital images, motion picture recordings, or other reproductions of my minor child, and to use them on the business site, web, social media, or other printed or electronic marketing materials without compensation.

Parent Signature:_____ **Date :**_____

SECTION D: GYM ORBIT SPORTS ACADEMY, INC. GENERAL WAIVER & INFECTIOUS DISEASE RELEASE

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 or I am unable to safely perform any activity, I will immediately discontinue participation in the activity. I fully acknowledge, understand, appreciate and agree, 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 further acknowledge, understand, appreciate and agree that my participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19. 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 if arising from the negligence of the releasees or others, and assume full responsibility for my participation and exposure. I hereby release, discharge, and covenant not to sue your business, it's administrators, directors, agents, officers, volunteers, employees, contractors, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of the premises on which the activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, damages, on my account caused or alleged to be caused in whole or in party by the negligence of the RELEASEES or otherwise, including negligent rescue operations and further 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, defend, and hold harmless each of the RELEASEES from any loss, liability, damage, or cost, which any may incur as the result of such a claim. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, and I 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. I agree that if any portion of this Agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Participant Name(s):_____ **Date :**_____

Printed Guardian Name:_____

Guardian Signature:_____