



7127 N. PINE ISLAND ROAD
TAMARAC, FL 33321
954.746.KIDS
WWW.ALLSPORTSKIDS.COM

BASKETBALL AND SOCCER EVENING CAMPS

THE AIMS OF THE PROGRAM IS TO KEEP KIDS ACTIVE BOTH PHYSICALLY & MENTALLY THROUGH INSTRUCTIONAL SPORTS ACTIVITIES.

NAME OF CHILD(REN) _____ AGE(S) _____ D.O.B. _____

ADDRESS _____ CITY _____ ZIP _____

MOTHER/GUARDIAN _____ DAY PHONE # _____

FATHER/GUARDIAN _____ DAY PHONE # _____

MOTHER EMAIL _____ FATHER EMAIL _____

HOW DID YOU HEAR ABOUT ALL SPORTS? _____

PLEASE CHECK (✓) THE PROGRAM YOUR CHILD WILL BE ENROLLED IN:

☐

OPTION 1 - BASKETBALL

- ONE LESSON PER WEEK (WEDNESDAYS)
- \$65 PER MONTH (1 HOUR)
- REGISTRATION \$60 FOR NON ALL SPORTS KIDS CLIENTS

☐

OPTION 3 - BASKETBALL

- ONE LESSON PER WEEK (SATURDAYS)
- \$75 PER MONTH (2 HOURS)
- REGISTRATION \$60 FOR NON ALL SPORTS KIDS CLIENTS

☐

OPTION 2 - SOCCER

- ONE LESSON PER WEEK (TUESDAYS)
- \$65 PER MONTH (1 HOUR)
- REGISTRATION \$60 FOR NON ALL SPORTS KIDS CLIENTS

☐

OPTION 4 - SOCCER

- ONE LESSON PER WEEK (SATURDAYS)
- \$75 PER MONTH (2 HOURS)
- REGISTRATION \$60 FOR NON ALL SPORTS KIDS CLIENTS

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

All Sports Pine Island LLC (All Sports) has put in place preventative measures to reduce the spread of COVID-19; however, the Club **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending All Sports could increase** your risk and your child(ren)'s risk of contracting COVID-19.

.....

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending All Sports and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at All Sports may result from the actions, omissions, or negligence of myself and others, including, but not limited to, All Sports employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at All Sports or participation in All Sports programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless All Sports, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of All Sports, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any All Sports program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Club Participant(s)



POLICIES

REGISTRATION POLICY:

At registration, a **\$25** non-refundable yearly registration fee for non All Sports registered children.

INITIALS _____

TUITION POLICY:

Full Payment is due up front on a monthly basis.

INITIALS _____

REFUND POLICY:

Registration fees and tuition fees will not be 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 monthly 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 _____

PERSONAL BELONGINGS:

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

INITIALS _____

DAMAGE TO ALL SPORTS EQUIPMENT

If you child intentionally breaks All Sports equipment, parent or guardian may be asked to pay for the damage caused to the equipment.

INITIALS _____



POLICIES CONT'D

DISCIPLINE

All students attending the program are expected to follow the "Code of Student Conduct" for Broward County Public Schools (BCPS), and SBBC Anti-Bullying Policy 5.9 Inappropriate behaviors, including but not limited to, bullying and cyberbullying, are not acceptable. Students who cannot follow the daily acceptable behaviors will be placed on a behavior plan. The consequences for misbehaviors will vary from a time out, missing an activity, suspension, or being exited from the program. If a student's behavior endangers or injures another individual, the student may be immediately exited from the program. Students, who have been suspended from the program due to behavior, may not attend until the Director or the person in charge has had a conference with the student and parent. Fees will not be refunded for absences due to suspension. After three referral incidents, of which the parent has been notified, a student may be asked to leave the program. Students suspended from school may not attend the program during their suspension. Fees paid for those days will not be refunded.

INITIALS_____

DURATION OF THE PROGRAM

Our program duration for each is from 7PM to 8PM one day of the week.

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_____

For further information on our program and policies, please consult our parents' handbook available online.



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 I.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 name 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 I.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 _____



RELEASE OF LIABILITY

CHILD(REN)'S FULL NAME _____

SCHOOL CHILD(REN) ATTEND: _____

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 I dance I 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 of Pine Islands LLC, All Sports (DBA), All Sports Kids, JLP Education and Athletics Inc, 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 I 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.

MY CHILD(REN) _____,

DOES

DOES NOT

(please circle one)

**HAVE PERMISSION TO BE TRANSPORTED BY ALL SPORT'S
ON FIELD TRIPS AND/OR FOR AFTER SCHOOL PICK UP.**

PARENT/GUARDIAN _____

HEALTH INSURANCE CO. NAME _____ POLICY # _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____



MEDICAL RELEASE FORM

Child's Name _____ Home Phone # _____ D.O.B. _____ M F

Address _____ City _____ State _____ Zip _____

Mother/Guardian _____ Day Phone # _____ Cell# _____

Father/Guardian _____ Day Phone # _____ Cell# _____

Add'l Emergency Contact _____ 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 appropriate dates when applicable.

Measles _____ Chicken Pox _____ Frequent Ear Infections _____ Heart Defect/Disease _____

Bleeding/Clotting disorder _____ Diabetes _____ 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.

PARENT AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID

In the event of any extreme medical situation, as deemed necessary by the Owner and/or Director, paramedics or medical personnel will be notified immediately to escalate medical attention for the child. All efforts will be made to notify the parents or guardians. HOSPITAL INSURANCE

1. Upon immediate need for medical attention for your child, the undersigned gives consent to any x-ray examination, anesthetics, medical or surgical diagnosis or treatment, and hospital care to be rendered to _____ (child's name) upon the advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act.
2. All Sports will not be held responsible for any medical expenses due to an emergency
3. The undersigned further authorized All Sports to have _____ (child's name) released into the custody of its representative, should hospital care no longer be required.
4. The undersigned further authorizes All Sports staff and/or director to perform CPR/First Aid on _____ (child's name) in the event of an emergency.

MEDICAL AUTHORIZATION FOR _____ (CHILD'S NAME)

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____