

Learning Hub at Summit Gymnastics Academy

For all Students Grades K-12

Dates:

Monday, August 17th - Friday, October 9th 7:30am – 3:00 pm

Costs:

- Tuition: 7:30-3:00 \$175/week (must commit to all 8 weeks)
- After Care: 3:00-5:30 \$5/hour, billed weekly. Must pre-register each week.
- Registration Fee/Child: \$35 which includes a personal lap desk which is due when registering.

Information for Parents

General Information:

Snack Times: Approx 9 am & 3 pm
Approx. Lunch: 11:30 pm
*These times will be based upon the individual's school schedule.

Quiet Time:

Students may bring a toy, game, or other quiet activity for periods after snack and lunch.

How to Register

1. Read The Hub's Rules & Policies
 2. Fill out all required forms (Registration, liability, log-in information etc)
 3. Fax or bring in immunization forms **(928)-526-5923**
 4. Bring completed packet (forms, immunization records, etc.) and deposits to SGA front desk.
 5. Student's will receive a lap desk the first day of the session.
-

Learning Hub Rules & Policies

Food/ Drinks

Please pack a lunch and two (2) snacks that **do NOT require refrigeration or heating**. If your child needs more food, please pack more or send them with money for snacks from our store. **THERE IS ABSOLUTELY NO SHARING OF FOOD OR DRINKS.** All water bottles, lunch boxes, food containers, etc. should be labeled with your child's name and placed in a basket that we provide.

Misc.

- Parents must sign a Covid-19 assumption of risk form.
- Parents/ Guardians must sign each child in & out at the front desk, providing names and phone numbers each day.
- Any electronics that are brought into the gym are not the responsibility of SGA, any losses or damages will be the responsibility of the parent/ child.
 - The SGA phone is always available for use (928)-526-0644 to contact parents/ guardians and children.
- Shoes (closed toed) **must** be worn to the gym each day.
- Please check the lost and found box at the end of each week. **All items left at the end of the session will be donated!**

Immunizations/ Emergency Forms

Immunizations are an important public health policy affecting children. As a matter of state law, children in the program must:

- Be fully immunized
- Be in the process of becoming fully immunized according to the approved schedule or,
- Have a physician's statement that immunizations are not needed for medical reasons or a note from the parent stating that the child is not immunized due to religious beliefs.

The immunization form must be completed and turned in with the registration packet before the start of camp.

**Please have your physician fax immunization records to Summit Gymnastics Academy at:
(928) 526-5923**

Covid 19 Safety Protocol

Summit Gymnastics Academy will be following CDC's safety recommendations, and anything mandated by the state and county.

Registration Form

Child Name: _____ Age: _____ Grade _____ D.O.B. ___/___/___

Child Name: _____ Age: _____ Grade _____ D.O.B. ___/___/___

Child Name: _____ Age: _____ Grade _____ D.O.B. ___/___/___

Payment Policies

You must initial all statements and sign at the bottom of this section to participate in SGA’s Hub Learning.

____ I understand that the deposit I pay is non-refundable with no exceptions.

____ I understand that my Hub balance **will be charged to the card on file every Monday** for that week.

____ I understand that if I would like to use a payment method other than the credit card I have provided on the Credit Card Charge Authorization Form, I must provide another form of payment before 10:00AM each Monday morning.

____ I understand that if I am more than 10 minutes late for the aftercare 5:30 pick-up time I will be charged \$1.00 per minute, starting at 5:41 pm.

____ I understand that my child must adhere to SGA’s Safety Rules and Discipline Policies and that recurring transgressions may result in my child losing their spot at the Hub without refund or permission to return.

Parent/ Guardian Signature _____ **Date** ___/___/___

Additional Pick-Up Release

I have authorized the following person(s) to pick up my child/ children:

Name: _____

Name: _____

Telephone: _____

Telephone: _____

_____ Does **NOT** have authorization to pick up my child/ children.

What school does your child attend? _____

What is your child's online remote learning schedule?

Please provide online login information and any additional information the Hub staff may need:

Please list and describe any allergies and known medical conditions that SGA should be aware of.

What are your expectations for your child's Hub learning experience?

Is there any additional information you would like us to know?

How does your child cope with stress at school or when learning new concepts?

What are common stumbling blocks for your child?
Are there any subject areas or concepts that your child may need extra support in?

Does your child have an IEP? If so please describe.

Bullying Policy

At Summit Gymnastics Academy, bullying is inexcusable, and we have a firm policy against all types of bullying. Each student is expected to treat all other students with respect, and to help each other achieve the best possible experience. If a student has difficulty meeting this expectation, parents may be called upon to assist

Our staff addresses all incidents of bullying seriously. We work together as a team to ensure that students gain self-confidence, make new friends, and go home having had a positive experience.

Please review the guidelines with your child.

- Talk in a pleasant manner. Foul language, putdowns and bullying will not be accepted.
- Be Safe! Always obey gym rules and the Hub staff.
- Treat all equipment and supplies with proper care and respect.
- Show respect for fellow students and the SGA staff.
- Aggressive behavior that is threatening to the students, staff or others will not be permitted.
- Participate in activities, rotations, and cooperate with staff.
- Have a positive attitude and have fun!

*Student fees are non-refundable if a student is sent home for disciplinary reasons. Physical violence, such as biting, shoving or hitting and/or bullying toward another student or staff member may result in immediate dismissal from the program.

Discipline Procedures

When a student is having behavioral issues the following action steps will be taken:

1. Staff will redirect the student to more appropriate behavior.
2. If inappropriate behavior continues, the student will be reminded of behavior guidelines and SGA rules, and the student will be asked to help decide on action steps to correct his/her behavior.
3. If a child's behavior still does not meet expectations and is affecting the experience of other students, he/she will be referred to the staff.
 1. Written warning will be given to parent/guardian identifying unacceptable behavior. The lead staff member will speak with the parent/guardian. You will be required to sign the written warning and may be asked to pick your child up from the Hub. A 2nd written warning (depending upon the severity of the behavior) may or may not be given.
 2. If inappropriate behavior continues, the parent/guardian will be required to pick the student up and the student will be dropped from the program.

SGA Registration & Liability Release
Sports Instruction Programs(*) areas are required information
for entry in our computer system

For office use only:

Email	_____
Reg Fee Paid	_____
T-shirt	_____
Credit/Debit	_____
Database	_____

Today's date _____

#1) *Student's Full Name _____ Home Phone _____ *Gender: Male Female

*Student's Date of Birth: Month ___ Day ___ Year _____ Current Age _____

#2) Student's Full Name _____ Home Phone _____ Gender: Male Female

Student's Date of Birth: Month ___ Day ___ Year _____ Current Age _____

*Address _____ City _____ State ___ Zip _____

*Mother's Full Name _____ * Mother's Cell Phone _____

Employer _____ Mother's Work # _____ *Mother's E-mail (most reliable) _____ *

*Father's Full Name _____ * Father's Cell Phone _____

Employer _____ Father's Work # _____ Father's E-mail (most reliable) _____

*Health Insurance Carrier _____

*Emergency Contact _____ Phone _____ Relation _____

** Please declare any physical problems or restrictions (including those of adults who are participating with or without a child) and list any mental or special custody situations that would be important for us to be aware of.

Please read this Liability Release Form carefully and sign as indicated

In consideration of allowing the previously-declared participant(s) to begin participation in SGA activities, while on the premises and property of said Center, the undersigned, for themselves, and/or being the legal and acting guardian of participant, acting for themselves and on behalf of the participant, release and hold harmless B&B Innovations, Inc., its owners, officers, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which SGA is conducted, or any premises under the control and supervision of B&B Innovations, Inc., its owners, officers, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by B&B Innovations, Inc., its owners, officers, agents, or employees.

Assumption of Risk - Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of said corporation, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises described above. The corporation may but shall not be obliged to carry insurance on the participant(s), and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this Release. In signing this Release, the undersigned acknowledges:

- That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily.
- That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

*Parent/Guardian Signature _____ Date _____

Medical Release

The undersigned gives permission for B&B Innovations, Inc. owners, officers, employees, and/or agents to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

*Parent/Guardian Signature _____ Date _____

Marketing Release

I understand that my child's likeness may be used in Summit Gymnastics Academy ads, promotional videos, website material, or various other marketing. These images will be used for SGA purposes only, and will not be given or sold to outside companies or individuals.

*Parent/Guardian Signature _____ Date _____



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Father or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
------------------------------	--------------	----------------------------------

*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

In case of injury or sudden illness, I request that this individual be called first:	
---	--

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Additional comments:
Other special instructions:

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
-------------------------------	--------------	-------

COVID-19 Assumption of Risk

Please initial next to each statement and sign.

- I accept the risk that despite all necessary precaution my child and/or myself may be exposed to the COVID-19 while entering and/or participating in activities at Summit Gymnastics Academy.
- I understand that due to the nature of gymnastics and ninja warrior, my child may occasionally be spotted by their coach if necessary, for safety reasons.
- I understand that germ exposure can happen anywhere, and I will not hold Summit Gymnastics Academy liable.

Parent Signature: _____ Date: _____

Student's Full Name: _____

Learning Hub
CREDIT CARD CHARGE AUTHORIZATION
Please Print Clearly

*Bottom portion will be entered in computer system, cut, and then shredded.
SGA will file the top portion for our records.

YOUR CREDIT CARD WILL BE CHARGED EVERY MONDAY

STUDENT NAME(S) _____

BEST EMAIL _____ PHONE # (____) _____

CREDIT CARD CHARGE AUTHORIZATION
I AUTHORIZE SUMMIT GYMNASTICS ACADEMY TO CHARGE THE CREDIT CARD ON FILE FOR WEEKLY TUITION. ALL CREDIT CARDS RETURNED FOR NON-PAYMENT FOR ANY REASON WILL RESULT IN A \$15 SERVICE CHARGE APPLIED TO THE ACCOUNT.
AUTHORIZED SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY:

PLEASE CIRCLE: VISA MASTERCARD DISCOVER

CARD HOLDER NAME _____

CC# _____ EXPIRATION _____

BILLING ADDRESS _____ City _____

STATE _____ ZIP CODE _____

Checklist

- Completed Registration Form
- Completed Student Information Section
- Completed Immunization Form (faxed OK)
- Completed Liability Form
- Completed Covid-19 Assumption of Risk Form
- Completed Emergency Contact Information Sheet
- Completed Credit Card Permission Form
- Registration Fee Paid
 - # of children _____ x \$35 = _____
- Entered into System
- Copy for Binder

Printed Name: _____ Signature: _____ Date: __/__/____

Staff Initials: _____ Date: __/__/____