



2017 Summer Camp

8400 Cody Drive, Suite K
Lincoln, NE 68512
(402) 975-8237

Please check (√) each week your child will attend.

Weekly fee of \$190, plus \$15 for registration fee

Please feel free to register online at:

<http://www.faalincoln.com/>

__ #1: May 30-June 2	__ #5: June 26 - 30	__ #9: July 31 – Aug 4
__ #2: June 5 - 9	__ #6: July 10 - 14	__ #10: August 7 - 9
__ #3: June 12 - 16	__ #7: July 17 - 21	Closed: July 3 -7
__ #4: June 19 - 24	__ #8: July 24 - 28	Closed: August 10-11

Please Circle ■Full-time (9:00am – 4:30pm) ■Before Care (7:30- 9am) ■After Care (4:30-6pm)

Before and After care will be \$35 for both or \$20 for just before or just after

Your child’s reservation in our Summer Program will not be secured until all paperwork and deposit is paid.

Child’s Name: _____ Birth Date: __/__/__ Gender: M F

Grade Completed (2016/17): _____ School Attended: _____

Home/Parents Address: _____ City/State/Zip: _____

Parent’s Name: _____ Cell Phone: _____

Relationship to Child: _____ Email: _____

Employer Name: _____ Phone: _____

Parent’s Name: _____ Cell Phone: _____

Relationship to Child: _____ Email: _____

Employer Name: _____ Phone: _____

Emergency Contact Name: _____ Day Phone: _____ Cell: _____

Prior to the start of program, we ask parents/guardians to share with us any information we may need to know about your child to help them in our program. (If you check yes, the program director will contact you) YES ___ NO ___

Weekly Payment: Cash _____ ACH _____ Register online at (<http://www.faalincoln.com/>)

Please include a deposit of \$75 will be due with initial paperwork, this \$75 deposit will be applied towards last week’s tuition.

T-Shirt Size (please circle) YOUTH: S (6-8) M (10/12) L (14-16) ADULT: S M L XL

Parent Signature: _____ Date: _____





Debit Authorization
(To Single Account)

I (we) hereby authorize FUNDamental Athletics Academy, hereinafter called COMPANY, to initiate debit entries for (Application) to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Acct: ___ Checking ___ Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name) (Signature)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!



Transportation/Photograph Permission Form

Name of Child: _____ Age: _____

Week(s) Attending: **1 2 3 4 5 6 7 8 9 10** Grade: _____

Permission to take off site: *(includes all of the places listed below)*

I give my permission for **Fundamental Athletics Academy** to take my child(ren) off the child care premises.

YES NO

Permission to transport off site:

I give my permission for **Fundamental Athletics Academy** to transport my child(ren).

YES NO

Permission to take swimming at *Star City Shores, 4375 S 33rd Ct, Lincoln, NE 68516:*

I give my permission for **Fundamental Athletics Academy** to take my child _____ swimming.

YES NO

There will be times here at **FUNDamental Athletics Academy** where we will use photographs of the children engaged in activities to highlight some fun moments that happen here. If you would like/not like your child included in this material please indicate on this release form so we can make sure that this doesn't happen.

Allowed to be Photographed: YES NO

Signature of Parent and/or Guardian

Date

Children's Museum
Pioneers Park
Humane Society
Sunken Gardens
UNL Stadium Tour/ Soccer Games
Wesleyan Campus
Bowling- Parkway Lanes/Sun Valley Lanes
Mahoney State Park
Parks and Recreation- Trails/Parks

Salt Dogs Stadium
Golf (Adventure Golf)
Tiger Rock (Martial Arts Facility)
Tennis- Woods
Water Park- Star City Shores
Malone Center- Spray Park
Climbing Wall- UNL
Morrill Hall
NE Capitol

Lincoln City Libraries
Sheldon Art Museum
Arbor Farms
UNL Dairy Store
NE High School Hall of Fame
Wilderness Hills- Golf
Holmes Lake

**Session- Financial Agreement for FUNdamental Athletics Academy
2017 Summer Camp**

It is understood that you have reserved a spot in our 2017 Summer Program for your child. Full summer financial obligation extends for either both sessions, Session I, or Session II. If circumstances (such as illness or moving from the city) lead to seeking termination of this contract I will contact FUNdamental Athletics Academy immediately to arrange for this termination.

No deductions for illness or absences are made. There will be no refund of payments already made for the session, unless extenuating circumstances arise. Full time tuition is \$190/per week, every week, during the LPS scheduled summer, a \$10 discount will be applied for siblings off the base rate; before and after care prices added as needed. Days that we are closed on or around holidays are not deducted from tuition. If you choose to withdraw from a registered week a deposit fee of \$75 will be charged to your account.

A \$25 fee will be charged on all returned checks and returned ACH transactions. A \$20 fee will be charged for changing weeks that your child is already registered for. If you drop your child off before registered time or pick up late, there will be a \$25 fee per child.

Weekly payment will be due on the Wednesday of the week before care starts. Session I ACH withdraw will be May 24th(ACH will go out on June 5th – for current school-year families) Session II ACH withdraw will be July 5th. If you choose to pay in full for both sessions at once, ACH will go out May 24th.

Session I:

- Week 1: May 30 – June 2nd
- Week 2: June 5 – 9th
- Week 3: June 12 – 16th
- Week 4: June 19 – 24th
- Week 5: June 26 – 30th

Session II:

- Week 1: July 10 – 14th
- Week 2: July 17 – 21st
- Week 3: July 24 -28th
- Week 4: July 31 – August 4th
- Week 5: August 7 – 9th

FAA will be closed July 3rd through July 7th

- \$190 a week per child, \$10 off a week for siblings
- + \$20 per week per child for before care
- + \$20 per week per child for after care
- + \$35 per week per child for both before and after care
- \$75 deposit will be due with paperwork.

(The deposit of \$75 will be applied towards last weeks tuition and is nonrefundable)

Full Summer- Session I & II

Session I (May 30 to June 30) or Session II (July 10 to Aug 9)

→ Please refer to our program information page for financial chart if more information is needed.

I agree to pay tuition:

Weekly by ACH _____

Session by ACH • Session I _____ • Session II _____ **Full Summer** _____
 (May 24th withdraw) (July 5th withdraw) (May 24th withdraw)

(Print Child's Name)

(Print Parent Name)

(Parent Signature)

(Date)

**Acknowledgement of Personal Needs & Policies
& DHHS Parent Information Brochure
Summer Program 2017**



FUNDamental Athletics Academy
8400 Cody Dr.
Lincoln NE 68512

FUNDamental Athletic Academy Summer Program Personal Needs & Policies:

My child _____ is enrolled at FUNdamental Athletics Academy, in Lincoln, Nebraska. I have received and read the Personal Needs & Policies, which details policies and procedures for the summer program.

Parent/Guardian Signature: _____ Date _____

Receipt of Parent Information Brochure- DHHS of NE:

Please sign, date and return to your Child Care provider before your child(ren) begin care. Your Child Care provider must retain this Receipt on site for review

Child Care Program Name: _____

Enrolled Child(ren)'s Names: _____

Parent/Guardian Name: _____ Date _____

Parent/Guardian Signature: _____ Date _____



Child's Medical Information

Child's Name: _____ Grade: _____ Date: _____

Current health status or any health problems caregiver should know: _____

List any allergies and/or intolerance to food, insect bites, or stings, or other factors that may result in a medical reaction. Please give clear instructions in the event of an exposure of the factor:

~If child has allergies please make a list of safe snacks that your child enjoys: _____

If medication is needed due to specific health concern, please list detailed instructions in the event that medication will need to be given: _____

If child takes medication, please list medication and dose: _____

Special Concerns: (Glasses, Hearing Aid, Crutches) _____

Any activities child(ren) should NOT engage in: _____

Please explain any concerns for behavior issues for your child (anything that we should be aware of during their time with us: _____

In the event I cannot be reached to make arrangements, I hereby give my consent to

Fundamental Athletics Academy to contact Doctor _____

and, if necessary, take my child(ren) to the following doctor(s), clinics, or hospital _____

Swimming Ability:

Fundamental Athletics Academy does go to the pool once a week, the pool we go to is:

Star City Shores, which is located 4375 S 33rd Ct, Lincoln, NE 68516

Please select a swim level for your child. This information will be very helpful for our coaches that will be working with your child; we would like to be familiar with their abilities so that the child is comfortable when we go to the pool.

Swim Levels

Level 1: Wading Pool: stay within coaches reach, no slide

Level 2: Shallow end, allowed to go off small slide

Level 3: May swim unrestricted; No use of water slide

Level 4: May swim unrestricted; May use slide

Child's Level: _____

How would you describe your child's swimming ability: _____

Can your child go underwater: _____

Can your child swim up to the surface if underwater: _____

Is your child allowed to swim in water that will be over his/her head: _____

Does your child need any assistance with swimming: _____

I certify that the above information is correct to the best of my knowledge.

Signature of Parent/Guardian

Date



Personal Needs & Policies for Summer Program

Lunches:

Please send a complete lunch that does not need to be refrigerated, including different food groups and a drink. We will provide milk or water for your child if needed. We will also offer two snacks during the day, one in the mid-morning and one in the afternoon.

Label Everything:

At FUNdamental Athletes Academy your child will be very active and will be going on multiple field trips during the week. If you could please dress your child according to the weather, with a change of clothes, if needed. Please put a NAME on every item your child brings (clothing, towels, lunch boxes, shoes, water bottles, etc). This way there is no argument required about whose piece of clothing or item it is. You will be provided with a t-shirt to wear on field trips, make sure to put a name on those shirts, as they can get mixed up very easily.

Clothing and Swimsuits:

We want your child to experience all the fun adventures that we have planned for this summer. Please have your child wear comfortable clothes that they can run around and get dirty in. We will be going to the park and sometimes hikes at different locations. Again, your child will receive a t-shirt for field trips, so please remember to have that ready; we may have up to 3 trips a week. At least once a week we will go swimming, at Star City Shores (27th & Highway 2), please bring a modest swimsuit and a towel that they can take with them to the pool when we go.

Shoes & Swim Shoes: Please have your child wear tennis shoes every day. Also, if they would like to bring a sandal or swim type shoes (crocks), in which they can wear to the pool and if we do water activities outside here at FAA, example of an activity is water balloons.

Sun & Heat Protection:

We go outside quite a bit during the summer. We have multiple field trips that are activities that will be outside. We want to make sure that your child is protected from the sun and heat. Please have your child bring a water bottle that doesn't leak, this way they can always have access water when we are not at the facility and please put their name on it. Please bring a bag for all of the different clothes and accessories that your child may need. Please include waterproof sunscreen, which we will apply before we go on a trip outside. It would also be beneficial to bring a hat for the days that we do foot golf or are at a park.

Bugs:

We encourage our kiddos to bring bug spray that they can keep in their bag, this way when we go on a field trip that is outside (ex: park/hike, foot golf, walks, etc.) your child will be fully protected from our little bug friends.

Medications:

Please fill out the entire medication document. We want to make sure that every child gets what they need. We need to know about ALL allergies and what we need to do to handle those situations. We can schedule a meeting to go over specific medical needs if needed.

What to Send with Child:

Please send the following things with your child every day.

- A sack-lunch (there will be days where we will go on field trips and eat lunch there, we will posted these days)
- Modest Swimsuit and beach towel & Water Shoes (optional) →**Tuesdays**
- Water bottle every day
- Tennis shoes every day
- Bug spray
- Sunscreen

- Fundamental T-Shirt

Field Trip Policy:

We will have several field trips planned during the week, in order to transport effectively for the trip, we need to know in advance if your child will not be attending. If your child is planning on attending, they will need to be on-site before posted departure. No exceptions.

Discipline Policy:

Our coaches understand that children may misbehave in different environments and most of those behaviors will be minor or inconsequential. However, there may also be times when misbehavior may be more serious and will require adult intervention. The following procedures will be followed when dealing with misbehaviors.

1. The child will be separated from the activity
2. Staff will discuss with child what happened during activity and then consequences of said behavior
3. Repeated misbehavior will result in child being separated from the group for a period of time and then if needed a telephone call or meeting with parent
4. If needed, the parents, staff and child will agree on a plan that will help with negative behavior. If the plan does not help, it will be up to FAA’s Director to determine if the child will need to be sent home or terminated from program.

Here are some examples of serious misbehavior that may lead to the above actions.

- Refusing to follow instructions, directions or rules
- Disrupting the progress of our program
- Refusing to participate in program activities
- Behavior requiring constant attention from our coaches or one on one care
- Leaving the group without permission
- Inflicting physical or emotional harm on other children or our coaches
- Fighting
- Inappropriate language or behavior

Illnesses or Injury:

For the safety and wellness of our other children and our staff we would appreciate if you would keep your child home if they are sick or experiencing any of the following symptoms.

- Fever
- Nausea/Diarrhea/Vomiting
- Injury that requires doctor’s care
- Skin Rashes
- Pink Eye
- Suspected Strep Throat
- Ear Infection without treatment

Financial Chart:

	Weekly Tuition	Before and After Care	Only Before or Only After
One Child’s Tuition	\$190.00	\$225.00	\$210.00
Sibling Tuition	\$180.00	\$215.00	\$200.00

Summer Deposit:

A \$75.00 deposit (per child) will be due when all paperwork is due. This amount will assure your child a spot and the \$75 fee will be applied to your child’s last week of care. If you decide to withdraw or no show from a registered week, the deposit fee of \$75 will be charged to your account. This deposit is non-refundable.

I fully understand the above information with relation to my child attending Fundamental Athletics Academy’s Summer Program. If there are any questions about our policies please ask our staff before care starts.

(Child’s Name)

(Parent Signature)

(Date)

FUNDAMENTAL ATHLETICS ACADEMY

FUNDAMENTAL ATHLETICS ACADEMY, LLC RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

As Legal Guardian of the below named athlete(s), I desire to have them participate in the activities offered by FUNdamental Athletics Academy, LLC. I understand those activities to include, but not be limited to, all aspects of sports, tumbling, training and competition. I understand that these activities are athletic, and it is my intent to have my athlete(s) participate in the activities at the level being offered. I certify my athlete(s) is/are in good health and physically fit and able to participate in the activities offered by FUNdamental Athletics Academy, LLC, and I understand FUNdamental Athletics Academy, LLC does not evaluate whether athlete(s) are fit and able to participate.

I am aware and fully understand that these activities may be dangerous. They involve the risk of damage, serious injury and even death, both to my athlete(s) and to others. I understand that there are many potential causes for property damage, serious injury and death including the negligence of FUNdamental Athletics Academy, LLC, its owners, employees, staff, medical personnel and equipment as well as my athlete(s) own negligence and the negligence of others. In consideration of being permitted to participate in the activities offered by FUNdamental Athletics Academy, LLC, I hereby agree to release, waive, discharge and covenant not to sue FUNdamental Athletics Academy, LLC, its owners, agents, employees, staff, or medical personnel from all liability from any and all loss or damage I may have and any claims or demands I may have on account of injury to my athlete(s) and property or the person and property of others, including death, arising out of or related to the activities offered at FUNdamental Athletics Academy, LLC whether caused by the negligence of FUNdamental Athletics Academy, LLC, its owners, agents, employees, staff, medical personnel, or otherwise.

I agree to comply with all stated and posted safety rules, signs, and verbal instructions of staff as conditions for participation in the activities offered by FUNdamental Athletics Academy, LLC.

I give consent to FUNdamental Athletics Academy, LLC, to render first aid in the event of injury or illness, and to seek emergency medical services including ambulance and hospital care, and I agree to be responsible for all related medical expenses and costs. I understand staff members are not doctors or medical practitioners of any kind.

In consideration of my athlete(s) being permitted to participate in the activities offered at FUNdamental Athletics Academy, LLC, I hereby agree to indemnify and save and hold harmless FUNdamental Athletics Academy, LLC, its owners, agents, employees, staff, and medical personnel from any loss, liability, damage, or cost they may incur arising out of claims generated while in activities at FUNdamental Athletics Academy, LLC whether caused by their negligence or otherwise. In consideration of being permitted to participate in the activities offered by FUNdamental Athletics Academy, LLC, I agree that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by FUNdamental Athletics Academy, LLC, its owners, agents, employees, staff, and medical personnel, including, but not limited to, negligence, dangerous condition, latent defect, premises liability, code violations, negligent security, failure to warn, vicarious liability, negligent hiring and employment, negligent supervision, maintenance defects, improper and dangerous equipment and negligent medical treatment and is intended to be as broad and inclusive as is permitted by Nebraska law and that if any portion is held invalid, it is agreed that the balance shall continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS FOR MYSELF AND ON BEHALF OF MY ATHLETE(S) BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, GUARANTEES OR WARRANTIES, EXPRESSED OR IMPLIED, BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Participant Name: _____, _____, _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Email: _____