



Registration & Waiver Form for PDA USA/SAGA Kid's Day & Virtual School Program

Individual Information (Please PRINT)

Child's Full Name (First, Middle Initial, Last): _____

Date of Birth (MM/DD/YYYY): _____ Age: _____ Male Female

Home Address: _____ City: _____ State: _____ Zip: _____

School Name: _____ Grade Level: _____ Teacher: _____

Virtual School Website: _____ School Start/Log in Time: _____

Log-in/Username: _____ Password: _____

Student Schedule (Please PRINT!)

What is your child's schedule for the week (M-F)? Please identify days, times, what assignments are virtual-platforms or paper, and conferences with teachers. If your child has any conferences, please specify the time and platforms.

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Emergency Contact Information (Please PRINT!)

I hereby authorize PDA USA/Straight A's Gymnastics Academy (SAGA), LLC and/or its employees to obtain medical treatment for my child if deemed necessary by the PDA USA/SAGA, LLC and/or its employees. I give permission to the medical, dental or emergency room staff at the facility chosen by the PDA USA/SAGA, LLC or its employees to render any emergency medical, surgical or dental treatment necessary. I understand that any cost incurred for such emergency treatment shall be my sole responsibility. Although reasonable effort shall be made to contact those persons named on this form prior to rendering treatment, none of the above treatment will be withheld if persons cannot be contacted. In the event of any emergency, I understand that my child may be transported to the nearest emergency facility. In case of an emergency, please contact:

Parent/Guardian Full Name (First, Middle Initial, Last): _____

Relationship to Individual: Father Mother Grandmother Grandfather Other: _____

Cell Phone: () _____ Work Phone: () _____

Parent E-Mail: _____

Parent/Guardian Full Name (First, Middle Initial, Last): _____

Relationship to Individual: Father Mother Grandmother Grandfather Other: _____

Cell Phone: () _____ Work Phone: () _____

Parent E-Mail: _____

Waiver and Release of Claims (Please PRINT!)

It is expressly agreed that all use of Pacific Diving Academy (PDA) USA, Inc.'s and Straight A's Gymnastics Academy (SAGA), LLC's property, equipment, services, programs and activities, and participation in, or a spectator to, any programs conducted within or on the property of PDA USA, Inc./SAGA, LLC and , and any transportation provided by PDA USA, Inc./SAGA, LLC shall be undertaken by me, or my child, or my legal ward at my/his/her sole risk, and PDA USA, Inc./SAGA, LLC shall not be liable for any bodily injuries--including catastrophic injury, paralysis and even death--or any loss or damage to my/our/their person or property, or to be subject to any claim, demand, injury or damages whatsoever, including, without any limitation, those injuries and/or damages resulting from acts of active or passive negligence on the part of PDA USA, Inc./SAGA, LLC, its employees or agents.

I, for myself and on behalf of my children, my executors, administrators, legal wards, heirs, assigns and successors, do hereby expressly forever release and discharge PDA USA, Inc./SAGA, LLC, its employees, officials, agents, assigns and/or successors from all such claims, demands, injuries, damages, actions or causes of actions whatsoever. It is agreed that I have read and understand all policies and regulations associated with my use of any PDA USA, Inc./SAGA, LLC property or equipment or participation in any PDA USA, Inc./SAGA, LLC program, and agree to abide by all policies thereof. Violations of any PDA USA, Inc./SAGA, LLC policy or regulation may result in revocation of this pass.

I hereby grant to PDA/SAGA, LLC permission to use any photograph or videotape taken at PDA/SAGA and deemed by PDA/SAGA to be proper, in any PDA/SAGA publicity, or other use specifically for the promotion of and public awareness of PDA/SAGA.

This release shall be effective and binding upon the parties, as well as their heirs, beneficiaries, assigns, successors and legal representatives. By signing below, I acknowledge that I have read and understand this Waiver and Release of Claims..

Parent/Guardian Signature: _____ Date: _____

COVID-19 Waiver and Release of Claims Addendum (Please PRINT!)

The undersigned, in my capacity as parent or legal guardian, hereby acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is in the care of Straight A's Gymnastics Academy's Kid's Day & Virtual School Program ("Program").

As such, and in consideration for child care services to be provided by Straight A's Gymnastics Academy (SAGA), the undersigned, for myself and my minor children enrolled in the Program **fully assume all of the risks associated with participation in the Program, including the possibility of COVID-19 (or the novel coronavirus) community spread.**

I, AS PARENT AND/OR LEGAL GUARDIAN, HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING STRAIGHT A'S GYMNASTICS ACADEMY, LLC AND ITS OWNERS, DIRECTORS, EMPLOYEES, COACHES, AND VOLUNTEERS FROM ANY AND ALL LIABILITY, DAMAGES, AND EACH AND EVERY ACTION (COLLECTIVELY, "CLAIMS") BY PARTICIPATION IN AND/OR ASSOCIATED WITH THE PROGRAM INCLUDING, BUT NOT LIMITED TO EXPOSURE OR TRANSMISSION OF THE COVID-19 VIRUS.

I represent that I have full authority to sign on behalf of my child(ren) and that my signature binds each other person having authority to make decisions on behalf of the child(ren).

MY SIGNATURE BELOW IS CONFIRMATION THAT I HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING STRAIGHT A'S GYMNASTICS ACADEMY, AND ITS OFFICERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS FROM THE CLAIMS.

Parent/Guardian Signature: _____ Date: _____

Kid's Day & Virtual School Program Policies

ALL children are expected to:

- Comply with Kid's Day & Virtual School Program rules and cooperate with staff and other children
- Respect self, others, and property
- Communicate needs - Children are not to take discipline into their own hands!
- Follow safety precautions in regards to COVID-19 (including frequent hand washing and wearing of mask when necessary)

If a child's behavior is contrary to these expectations and/or disruptive to others, the Programmer may request a conference with the parent. During the conference, staff and parent will discuss the cause of the inappropriate behavior and how the staff, family, and child can remedy the inappropriate behavior. If the child's behavior does not improve and all resources are exhausted, OR if that child's behavior is such that it requires the constant attention of one caregiver, the child may be suspended from the program. Suspension from the program is a last resort action.

I am assuming responsibility and liability for my child's behavior and actions.

I acknowledge that if my child's behavior poses a potential threat to the safety of other children/staff, I understand that this may also result in termination of services from PDA USA, Inc/SAGA, LLC.

Please sign below to acknowledge that you have read and understand the policies outlined above:

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

Youth Electronic Device Acceptable Use Agreement

Children in SAGA's Kid's Day & Virtual School Program are expected to use technology safely, responsibly, and for educational purposes only. Each device is for the child's personal virtual school/homework use and may not be shared with other children/students. During planned activity times, children are expected to put electronics away to participate in activities.

Children will only use their devices during school/homework time on assigned activities/projects from their School District/Teachers.

Children are prohibited from using technology for improper purposes, including, but not limited to, use of technology to:

- Access, post, display, or otherwise use material that is discriminatory, libelous, defamatory, obscene, or disruptive.
- Bully, harass, intimidate, or threaten other youth, staff, or other individuals ("cyberbullying"). Disclose, use, or disseminate personal identification information (such as name, address, telephone number, Social Security number, or other personal information) of another youth, staff member, or other person with the intent to threaten, intimidate, harass, or ridicule that person.
- Engage in or promote any practice that is unethical or violates any law or policy at Straight A's Gymnastics Academy.

Child Acknowledgment

I have received, read, understand, and agree to abide by this Acceptable Use Agreement and other applicable laws and SAGA policies and regulations governing the use of technology. I further understand that any violation may result in loss of user privileges, disciplinary action, suspension from the program and/or appropriate legal action.

Please enter child's signature below:

Child Signature: _____ Date: _____

Parent or Legal Guardian Electronic Device Agreement

As the parent/guardian(s) of _____, I acknowledge and agree:

I give my child permission to use personal technology during the Kid's Day & Virtual School Program at Straight A's Gymnastics Academy (SAGA). SAGA is not responsible for any lost, damaged, or stolen electronic device regardless of cause of such loss or damage.

Outside of virtual school or homework time, my child will store their Electronic in their personal backpack.

SAGA does not monitor or safeguard backpacks. Children are responsible for their own Electronics. Parents are expected to have adequate parental controls set up on Electronics. SAGA will supervise school and homework time; however, we cannot monitor the settings of personal Electronics which may allow children to use the Electronics for communication, internet usage, etc.

As the parent/guardian of the above-named child, I have read, understand, and agree that my child shall comply with the terms of the Acceptable Use Agreement. By signing this Agreement, I give permission for my child to use their personal technology and the Internet. I understand that, despite SAGA's best efforts, it is impossible for SAGA to restrict access to all offensive and controversial materials. I agree to release from liability, indemnify, and hold harmless Straight A's Gymnastics Academy (SAGA), it's owners, coaches, staff, volunteers, and representatives against all claims, damages, and costs that may result from my child's use of personal technology or the failure of any technology protection measures used by SAGA. Further, I accept full responsibility for my personal technology and understand that SAGA shall not be responsible for any damage, theft, or loss of such personal technology.

Please sign below to acknowledge that you have read and understand the policy outlined above:

Parent/Guardian Signature: _____ Date: _____

Kid's Day & Virtual School Program Refund Policy

There are no refunds of any kind.

All services rendered by PDA/SAGA are provided on a non-refundable basis. This includes, but is not limited to, registration fees, monthly tuition fees, competition fees, coaches fees, day camp fees, etc.

Once tuition has been paid, there are absolutely no REFUNDS on classes for any reason. **No exceptions.**

In the case of a Force Majeure event, such as sudden forced shut down/closure, monetary credit will be issued and retained on your family account for future use.

Please sign below to acknowledge that you have read and understand the policy outlined above:

Parent/Guardian Signature: _____ Date: _____

Program Payment Policy

Tuition can be paid either weekly or monthly.

If paid weekly, tuition must be paid at least one week in advance.

If tuition is paid monthly, then families **must** be enrolled in autopay and notify program director by the 15th of the month if they want to leave the program, otherwise enrollment is ongoing.

Please sign below to acknowledge that you have read and understand the policy outlined above:

Parent/Guardian Signature: _____ Date: _____

Autopay (Automatic Payments) Policy

The following terms and conditions apply if you are enrolled in Autopay:

Tuition is due on the 1st of the month. Payments will automatically be taken out on the last day of the month for the following month (e.g. your card will be charged on June 30th for July's tuition).

If payment method for autopay is declined, you are responsible for providing PDA/SAGA with accurate payment account information if such information changes in the future. This may be done by logging in to the [Parent Portal](#) or calling the front desk at 562-229-1927.

If for any reason you need to be taken off autopay, a written notice **MUST** be emailed to info@pdgausa.com by the 15th of the month to discontinue autopay for any Monthly fee scheduled program or to DROP from said program without penalty. **NO EXCEPTIONS.**

In the case of emergency situations where we are forced to close our facility, all classes will AUTOMATICALLY be switched to virtual. All terms of autopay will still apply and you will be responsible for payment whether or not your student attends classes until you notify this facility in writing to drop your student from class(es). NO EXCEPTIONS.

WE DO NOT ACCEPT REQUESTS TO DISCONTINUE AUTOPAY OVER THE PHONE.

I hereby authorize (if online payment is made or autopay information is provided) this facility to charge my ACH draft, or credit card account. I understand that a written notice emailed to info@pdgausa.com by the 15th of the month is required to terminate autopay (automatic payments), and that if PDA/SAGA **does not receive a written notice by the 15th, I am responsible for payment whether or not my student attends the program until I notify this facility in writing to drop my student from the program.**

I also understand that this authorization to pay my PDA/SAGA account identified above by recurring charges or debits is entirely optional and is not required to obtain or maintain my account with PDA/SAGA.

Should I dispute a charge through my financial institution, this will constitute a breach of contract possibly resulting in, but not limited to, penalties, additional fees, collection, legal action, and/or termination of any and/or all current and future services.

Parent/Guardian Signature: _____ Date: _____

Pick-Up Policy

All children are expected to be picked up by a parent or authorized guardian by the end of class/practice, the after school program, or the end of a PDGA event (including but not limited to PNO, open gym, camp, birthday party, etc.). All families will be granted a fifteen-minute grace period after the end of their child's designated activity. If a parent/guardian arrives even one minute after the end of the grace period, families will be charged a designated late fee of \$25. After 30 minutes, a \$1 per minute late fee will be charged. There will be no exceptions or warnings. If a parent/guardian is late for whatever reason (flat tire, heavy traffic, weather conditions, etc.) a late charge will be issued. A "no exceptions" policy makes it easier to apply the late policy to everyone consistently and fairly. **Fees for late pick-up are payable immediately; if not paid, the child will not be readmitted to the gym.**

Please sign below to acknowledge that you have read and understand the policy outlined above:

Parent/Guardian Signature: _____ Date: _____

Authorized Pick Up - Child may only be released to the individuals listed below:

Full Name (First, Middle Initial, Last): _____

Relationship to Individual: Father Mother Grandmother Grandfather Other: _____

Day Phone () _____ Evening Phone () _____ Cell Phone () _____

Full Name (First, Middle Initial, Last): _____

Relationship to Individual: Father Mother Grandmother Grandfather Other: _____

Day Phone () _____ Evening Phone () _____ Cell Phone () _____

Full Name (First, Middle Initial, Last): _____

Relationship to Individual: Father Mother Grandmother Grandfather Other: _____

Day Phone () _____ Evening Phone () _____ Cell Phone () _____