



Please Initial and Sign Below:

_____ The automatic draft payment will be deducted *every Monday, 7 days prior to attendance* from the card on file.

_____ I understand that I will be paying for weeks that my child is not attending.

_____ I understand that I must have a card on file, but I may pay with cash or check before a scheduled payment date if I choose to.

_____ A \$2 convenience fee will be added to each credit card transaction.

_____ A membership cancellation form or request must be completed 30 days in advanced to process membership termination.

_____ I understand that upon processing my registration I will be charged a \$60 Supplies/Registration Fee



Parent/ Guardian Signature

Date



Child Information

CHILD: _____ DOB: _____ Sex: F ___ M ___

CHILD: _____ DOB: _____ Sex: F ___ M ___

ADDRESS: _____ HOME PHONE: _____

SCHOOL: _____ GRADE: _____

PARENT(S)/GUARDIAN(S)

FATHER: _____ EMPLOYMENT PHONE: _____

EMAIL: _____ CELL: _____

MOTHER: _____ EMPLOYMENT PHONE: _____

EMAIL: _____ CELL: _____

***EMERGENCY INFORMATION ALLERGIES OR INTOLERANCE TO FOOD, MEDICATION, ETC., AND ACTION TO TAKE IN EMERGENCY**

Medication: _____

Allergies: _____

PHYSICIAN: _____ PHONE: _____

CHRONIC PHYSICAL PROBLEMS/ DEVELOPMENTAL /SPECIAL ACCOMMODATIONS:

TWO PEOPLE TO CONTACT IF PARENT(S) OR GUARDIAN(S) CANNOT BE REACHED. INCLUDE A PHONE NUMBER THEY CAN BE REACHED AT AND RELATIONSHIP:

1.NAME: _____ PHONE: _____ RELATIONSHIP: _____

2.NAME: _____ PHONE: _____ RELATIONSHIP: _____

PERSON(S) AUTHORIZED TO PICK UP CHILD: _____

PERSON(S) NOT AUTHORIZED TO PICK UP CHILD*: _____

Parent/ Guardian Signature

Date



*APPROPRIATE PAPERWORK (CUSTODY PAPERS, ETC.) MUST BE ATTACHED IF PARENT IS NOT ALLOWED TO PICK UP CHILD

Transportation Consent Form

Child: _____ Age: _____ Booster: Yes ___ No ___
Child: _____ Age: _____ Booster: Yes ___ No ___

Parent/Guardian Printed Name:

___ Dynamo After-School Academy is ALLOWED to transport my child in a vehicle.
___ Dynamo After-School Academy is NOT ALLOWED to transport my child in a vehicle.

Activity After Transport

___ I DO give permission for my child to walk to and/or participate in activities under the supervision of the Dynamo After School Academy staff members away from the After-School Academy residence (Dynamo Indoor Sports Complex). This includes and is not limited to field trips at other facilities.
___ I DO NOT give permission for my child to walk to and/or participate in activities under the supervision of the Dynamo After School Academy staff members away from the After-School Academy residence (Dynamo Indoor Sports Complex). This includes and is not limited to field trips at other facilities.

Parent/ Guardian Signature

Date



Dynamo After School Academy Tuition and Payments

Dynamo After School Academy strives to meet our mission statement of providing high quality services at a reasonable cost. Please see below for our tuition rates and payment schedules for our After School Care.

Tuition:

Full Time Weekly: \$100

Part Time Weekly: \$80

*If you have checked Part Time Weekly above, please specify which days your kid(s) will be attending. Part Time Weekly counts as three days or less.

M T W TH F

Sibling Discount: Full price for first child, and \$10 off every subsequent sibling – **Full time Student Benefit Only**

A \$2 convenience fee will be added to all credit card transactions.

***All Payments must be made Monday 7 days prior to attendance.**

Weekly Tuition Payments will be charged to the card on file on the Monday 7 days prior to the start of each week. Payments in cash or checks may be made prior to that date.

\$60 Supplies/Registration Fee: Covers various supply fees, and holds child’s spot in After School Academy

*Supplies/registration Fee is non-refundable.

Snow Days and Other School Cancellations

During Snow Days, and Other Days Schools are closed, we will often be open for a Full Day, on which we open at 7:30 a.m. and close at 6 p.m. If a child attends on a Full Day the price will be \$15 per family. ***Full-Time Members will get 1 free Full Day per week in these instances.** *Refer to Dynamoindoor.com or Parent Handbook to see our schedule on breaks and holidays.

1. I authorize the payment of the Supplies/registration Fee upon entering my child into Dynamo After School Care.
2. I authorize the payment for Full-Time care or Part-Time care, and that I understand the payment and fees associated with the membership of my choosing.

Parent/ Guardian Signature

Date



*Leave the Following credit card information blank unless directed otherwise by ASA staff.

THE PAYMENT INFORMATION PUT ON FILE IS USED ONLY BY THE DYNAMO AFTER SCHOOL ACADEMY FOR CHARGES ASSOCIATED WITH THE PROGRAM ONLY. THIS CARD INFORMATION IS REQUIRED TO OPEN AND MAINTAIN AN ACTIVE ACCOUNT WITH THE PROGRAM THROUGH THE SCHOOL YEAR. UPDATING INFORMATION TO KEEP IT CURRENT CAN BE HANDLED BY THE DIRECTOR AT ANYTIME.

NAME THAT APPEARS ON CREDIT CARD: _____

CREDIT CARD NUMBER: _____ EXPIRATION DATE: ____/____

BILLING ZIP CODE: _____ MC CVN: _____

CREDIT CARD TYPE: VISA MASTER CARD DISCOVER

Dynamo After School Academy Non-Licensed Agreement/Permission Form

Dynamo After-School Academy is a non-licensed childcare program. We are operating under number two (2) in the exemptions section of § 63.2-1715 of the Code of Virginia. This form is to ask for your permission as a parent/guardian to keep them in their designated areas and under full supervision of any coach, staff member, or administrator during our operating hours. By signing this document, you are requiring that your child be granted permission from a coach, staff member, or administrator before leaving our supervision.

I, _____ agree to the standards mentioned in the agreement above.

PARENT/GUARDIAN PRINTED INITIALS

I understand that this is a non-licensed program. I grant permission to the Dynamo After School Academy coaches, staff members, and administrators to allow them to provide the maximum level of safety for my student and all other children enrolled in the program.

Parent/ Guardian Signature

Date



Picture and Video Representation Permission Form

This form is to grant Dynamo After School Academy permission to take pictures or video of your child participating in their daily activities. It also grants permission to use the pictures or videos for promotional purposes for the program. This is also to inform you that cameras are placed in plain sight in the appropriate places to monitor the children’s safety and well being. Doors and exits are equipped with proper safety equipment to alert staff as to the coming and going of patrons at our facility. Video will not be kept after a 24hour period as it is automatically deleted by the system. The system may also be used to monitor behavior and locate lost or stolen items. By signing the bottom of this document, you are granting us permission to use the photos and videos of your child for our website, social media, and emails used in promoting our various programs.

(Child’s Name) _____ has permission to be filmed or photographed for promotional and safety purposes for the Dynamo After School Academy program or any other DISC purposes.

Parent/ Guardian Signature

Date



Summer Program Information

Register in person or online on Dynamoindoor.com, by going to the After School Academy Tab

Tuition Cost: \$150 a week.

Registration Fee: \$60

Hours: Monday through Friday 7 a.m. to 6 p.m.

All Summer Program Registrants will receive additional information about field trips, and other program extras like weekly Pizza, or Kona Ice Days.

**I am registering for the After School Academy school year, and I understand that this does not include the summer program. To sign up for the summer program I will have to pay a separate registration fee, and register online or in person.*

Parent/ Guardian Signature

Date



Medical Release and Liability Form

My child or I intend to use or participate in some or all of the activities, facilities, equipment, programs, and services offered at or by Dynamo Indoor Sports Complex. Dynamo Indoor Sports Complex’s facilities are below referred to as “DISC”.

In consideration of gaining membership or being allowed such use or participation at DISC, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge DISC and its owners including Commonwealth Soccer Programs, LLC, officers, agents, employees, representatives, executors, successors and assigns from any and all responsibilities or liability for injuries or damages resulting from any participation in any aspect of any activities or programs or my use of equipment or machinery in DISC’s facilities or arising out of any activities or events occurring at DISC.

I understand and am well aware that strength, flexibility, fitness, exercise and sports activities, including the use of equipment, is potentially hazardous and there is the risk of injury and even death. I also understand that everyone (including myself) has a different capacity for participating in physical activities. I am also aware that all activities, facilities, programs and services at DISC are educational, recreational, social, or self-directed in nature. Knowing that, I agree that my, or my children's, participation in any and all of the activities at DISC is strictly voluntary and has not been requested or required by DISC. I further agree that my, or my children's, participation in any and all of the activities at DISC is at my own risk and that I assume any and all risk of injury, illness, damage or loss that might result. I also agree to assume all risk of damage, loss or theft to or of any of my personal or other illness that would prevent my participation in any of the activities at DISC. I acknowledge that I, and my children, have either had a physical examination and have been given a physician’s permission to participate in these activities, programs, facilities and services at the DISC, or that I have decided to participate without the approval of my physician. Accordingly, I do hereby assume all responsibility for me, and my children's, participation in such activities, programs, facilities and services, property.

I hereby declare myself, and my children, to be physically sound and suffering from no condition, impairment, disease, infirmity as well as for use of any and all equipment and machinery in connection with them.

I understand that the activities, facilities, equipment, programs and services offered at DISC may sometimes be conducted by persons who may not be knowledgeable, licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of DISC employees, agents, representatives or volunteers will vary according to their training and experience. I also understand that no claim has been or is being made by DISC to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and employed by DISC to provide such professional services.

In the event of an emergency, I give permission for DISC staff/volunteers to seek appropriate medical attention as necessary.

On various occasions, the staff of DISC will take photographs of participants. The photographs may be used for marketing such as flyers, brochures, website, social media as well as other various media publications. DISC is in its entirety a separate entity than Dynamo Soccer Club. Dynamo Soccer Club has no influence on DISC or vice versa. DISC runs as its own entity with its own administration separate than that of Dynamo Soccer Club.

Parent/ Guardian Signature

Date