

West Pasco Sports Academy
6610 Embassy Blvd.
Port Richey, FL 34668
727-226-5907

Date: _____

Parent Name:

Mom _____ Dad _____ .

Name of Student: _____

Birthdate _____

For additional students please list name(s) & date of birth on reverse side

Home Address: _____ City: _____

State: _____ Zip: _____

Phone; Home: _____ Mom Cell: _____ Work _____

Dad Cell _____ Work _____

In case of emergency (other than yourself):

Phone: _____

Allergies _____

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I, _____ authorize the following people
To pick up my child(ren), from West Pasco Sports Academy.

(Please include a contact number)

1) _____ Phone _____

2) _____ Phone _____

3) _____ Phone _____

4) _____ Phone _____

5) _____ Phone _____

6) _____ Phone _____

Contract For Student Transportation

I _____,

contract exclusively with ***Kids Kicking High*** to:

1. Transport my child(ren) for Before and After School Class pick-up from their Elementary/Middle School.
2. Transport to and from field trips only during Summer Camp.

To/From:

West Pasco Sports Academy
6610 Embassy Blvd.
Port Richey, Florida 34668

Student(s) Name: _____

School Name: _____

- I understand that ***Kids Kicking High, Inc.*** is a separate company from ***West Pasco Sports Academy*** and that this transportation agreement is exclusively between myself and ***Kids Kicking High, Inc.***
- **LOSS/DAMAGE/THEFT:** Kids Kicking High, Inc. Does not assume any responsibility for the loss, damage or theft of any property belonging to the passenger and agrees that Kids Kicking High, Inc., and its personnel are not responsible or liable for any such property in the event of loss.

_____ Date _____

Parent Signature

WEST PASCO SPORTS ACADEMY BEFORE AND AFTER SCHOOL SPORTS PROGRAM

1. All payments are due weekly on Monday or the first day you attend in the week, Payments not received by the due date will have a \$10.00 late fee accessed, additionally,
2. If your child is absent for more than 1 week without notification your spot will be filled & you may be placed on our waiting list for the next available spot.
3. NO REFUNDS....
4. You are purchasing a spot in our program so you must pay each week to keep that spot for your child if you attend or not. We allow one week off per calendar year for vacation without paying.
5. We follow Pasco County school's Hurricane closure policy.

West Pasco Sports Academy firmly believe in the abilities of our operations Manager, However, Mark Phillips is always available for consultation. It is highly recommended an appointment time be scheduled to avoid waiting during peak hours. We thank our existing members for their continued loyalty. We constantly strive for perfection to accommodate your needs, but we must have guidelines to keep the After School running efficiently. Please help us to better serve you. Welcome aboard new members.

West Pasco Policies:

1. **You must pay your fee if you attend or not. You are purchasing a spot that is being held for you.**
2. **I UNDERSTAND THAT WPSA IS A BEFORE AND AFTER SCHOOL SPORTS ACADEMY AND NOT A DAYCARE IN AS SUCH, THEIR STOCK-IN-TRADE IS NOT SUPERVISION AND CARE. THE INTENT OF WEST PASCO SPORTS ACADEMY IS TO TEACH VARIOUS SPORTS AND PHYSICAL AND PHILOSOPHICAL CHARACTER-BUILDING SKILLS. I UNDERSTAND THAT WEST PASCO SPORTS ACADEMY IS AN OPEN ACCESS FACILITY IN AS SUCH; MY CHILD (REN) IS FREE TO COME AND GO. ADDITIONALLY, IF MY CHILD (REN) STAYS AT THE WEST PASCO SPORTS ACADEMY FACILITY IT IS BECAUSE OF MY DIRECTION AND NOT THE SCHOOL'S. THERE ARE NO EXPECTATIONS OF CHILD CARE.**
3. **CONFIDENTIALITY CLAUSE:** West Pasco Sports Academy will not release this personal and private information to any third party for purposes of sales, advertising or for any other reason.
4. **WAIVER & RELEASE:** Buyer(s) understands that Student(s) is engaging in physical activity/exercise, along with the use of West Pasco Sports Academy facility, equipment, training and instruction, which can be dangerous & could cause injury. Therefore Buyer(s), assumes all risk of injuries to said individual(s). Buyer/Student(s) hereby waives and releases any claim or right to sue the school, employees or agents for injury. Buyer(s) has carefully read this waiver & release and fully understand that it releases West Pasco Sports Academy of all liabilities for any injury that may occur. It is always advisable to consult your physician before undertaking any physical activity/exercise program, particularly sport activities.
5. **LOSS/DAMAGE/THEFT:** West Pasco Sports Academy does not assume any responsibility for the loss, damage or theft of any property belonging to the Buyer(s)/Student(s) and agrees that

AUTHORIZED SIGNATURE X _____

West Pasco Sports Academy Parent Responsibility Checklist

I _____ authorize my child (ren)
(Print Parent Name or Legal Guardian)
to be picked up by the Kids Kicking High, Inc. Bus for transport to and from WPSA

_____ Call WPSA by " **2 PM** " if your child(ren) will not be picked up in the afternoon on a particular day. **727-494-7742**

***Please note; failure to notify WPSA will result in a \$5.00 no-call or late-calling fee, due upon pick up. NO EXCEPTIONS**

_____ **It is the sole responsibility of the teacher and/or school** to make sure that your child boards the Kids Kicking High bus ON TIME & IS NOT HELD BACK FOR ANY REASON.

_____ Kids Kicking High, Inc.'s responsibility begins when student boards the Kids Kicking High, Inc. designated bus.

_____ **NOTE: We observe the same Hurricane schedules as the Pasco County School districts.**

Signature of parent or legal guardian

Release For Emergency Care

To whom It May Concern

I hereby give my consent to any emergency facility and physician to administer any necessary treatment to my child, _____

In the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Family Physician's Name

Phone Number

Allergies: _____

Medications your child is taking: _____

Insurance Company covering your child: _____

Policy Number: _____ Expiration date _____

Signature of Parent/Guardian

Release and Waiver of Liability and Indemnity Agreement

(Read Carefully Before Signing)

In consideration of being permitted to participate in any way in the Sports Activities indicated below and/or being permitted to enter any purpose any restricted area (herein defined as any area where in admittance to the general public is prohibited), the adult participant named below agrees, or the parent(s) and/or legal guardian(s) of the minor participant named below agree.

The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below Sports Activities activity or event, that he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agree that, if at any time, I feel anything to be UNSAFE, I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.

I/WE fully understand and acknowledge that: (a) There are risk and dangers associated with participation in Sports Activities events and activities which could results in bodily injury, partial and/or total disability, paralysis, and death. (b) The social and economic losses and/or damages, which could result from the risks and dangers described above, could be severe. (c) These risks, and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction, or negligence of others, including, but not limited to, the Releasees named below. (d) There may be other risks not known to us or are not reasonably foreseeable at this time.

I/WE accept and assume such risks and responsibility and/or damages following such injury, disability, paralysis, or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.

I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Sports Activities facility used by the participant, including its owners, managers, promoters, lessees of premise used to conduct the Sports Activities event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding the Sports Activities facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Releasee"... FROM ALL LIABILITY TO THE UNDERDESIGNED, my/our personal representatives, assigns, executors, heirs and next to kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.

I/WE HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERDESIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASES BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.

EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waives, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, not withstanding continue in full legal force and effect.

On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releasees, the parent(s) and/or legal guardian(s) will reimburse the Releasee for any money which they have paid to the participant, or on his behalf, and hold them harmless.

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 BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTRILY WITHOUT ANY INDUCMENT, ASSURANCE, OR GUARANTEE BEING MADE TO BE AND INTEND MY SIGNATURE (OR ELECTRONIC SIGNATURE) TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIBAILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Before and After School Sports Facility: West Pasco Sports Academy

Print Students Name : _____

Print Parents/Guardian's Name : _____

Parent/Guardian's Signature : _____

Address of Participant : _____

Received by : _____