



AFTER SCHOOL / SUMMER PROGRAMS

POLICY / PROCEDURES

- BTX After School Program will pick your child up from school at dismissal time and bring back to the BTX Gym. We are open till 6 pm.
- BTX After School Program will be open whenever the Springdale Schools are closed.
EXAMPLE: Teacher In-service, out early, etc. If school is cancelled due to inclement weather while children are in school, BTX After School Program will pick-up.
- BTX After School Program will provide a snack and drink to each child.
- A cubby or designated place for personal items will be available to put your child's things in. BTX After School Program will not be responsible for any items brought to the BTX Gym.
- BTX will not give any Medication to your child, unless you give BTX written Permission.
- In the Event of an emergency, BTX After School Program has the permission of the Parent/Guardian to administer first aid or obtain emergency medical treatment, if necessary, for the child's welfare.
- All Children enrolled in BTX After School Program must be able to participate to some degree, and substantially benefit from the program, without risk to himself/herself, or other children.
- Any Behavior deemed an immediate safety/health hazard, is grounds for immediate dismissal from the program. This includes but is not limited to physical violence to a staff member, or other student, running from the program facility, or staff member, or any behavior that required one, or more, staff member to maintain the children and staff's safety/health, on a one-on-one basis.
- Drop-In tuition is due the day services are rendered. Full-Time tuition is due the Friday before the up-coming week starts.
- Parents must let BTX After School Program know if their child will not be picked up that day. Please let us know in the Morning so we can have time to adjust the schedule.



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- **BTX After School Program Fees** are as follows:
- **REGISTRATION:** A yearly registration fee of **\$50.00** per child is due upon enrollment in the program. This is a **NON-REFUNDABLE FEE** due upon initial registration and/or at the beginning of the school year. The fee is used to replace the art supplies, play equipment and games. Weekly tuition rates do not vary based on attendance, i.e., illnesses, vacations, or absences.
- **BTX After school Program** accepts Cash, Check, Venmo, Cash App.

TUITION	
SUMMER CAMP	AFTER SCHOOL
\$150 for 1 Child Per Week	\$65 for 1 Child Per Week
\$125 for every additional Child Per Week	\$125 for 2 Children Per Week
	\$150 for 3 Children Per Week



venmo

**LIMITED
SCHOLARSHIPS
AVAILABLE!**



AFTER SCHOOL / SUMMER PROGRAMS

SIGN UP

CHILD'S NAME : _____

BIRTHDAY : _____

SCHOOL : _____

GRADE : _____

BTX MEMBER : _____

PARENT NAME : _____

PARENT PHONE NUMBER : _____

EMERGENCY NAME : _____

EMERGENCY PHONE NUMBER : _____

PICK - UP PERSON : _____

PARENT / GUARDIAN SIGNATURE : _____

DATE : _____

BTX INFORMATION - TO BE FILLED OUT BY BTX PERSONNEL ONLY

REGISTRATION FEE & TUITION PAID : _____

AFTER SCHOOL PROGRAM : _____

PROGRAMS / TRAINING : _____

WHO'S TRAINING : _____



AGE WAIVER FORM

I, _____ the parent or legal guardian of _____ hereby grant my permission for my child to participate in the BTX Sports Fitness Club Program. I realize that this is a K-7th grade program, and my child is _____ years of age. I assume all responsibility for any accident, injury or death that may result from my child's participation in the BTX Sports Fitness Club Program.

I hereby waive, release, absolve, and agree to hold harmless, BTX Sports Fitness Club, sponsors, volunteers and employees from suits of law of any kind. I also verify that the following information is true and correct to the best of my knowledge.

This release shall be binding upon myself, successors in interest, and or any person(s) suing on my behalf or on the behalf of the above-named child.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND WAIVER AND I ALSO UNDERSTAND ALL OF ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

Parent/Legal Guardian (Print name) Parent/Legal Guardian (Signature) Date

I, _____ Director of BTX Sports Fitness Club, do hereby state that the named parent or legal guardian as stated above signed in their own handwriting before me this **Date** _____

Director of BTX Sports Fitness Club Date



SPORTS FITNESS FORM

OPEN DOOR POLICY AND ACCESS PERMISSION

I (We) hereby give my permission for my child to become a member of BTX Sports Fitness Club. I Understand that BTX Sports Fitness Club will make every effort to keep my child from leaving the facility without permission; however, I also understand that BTX is not a daycare center and is not responsible for the time or manner in which my child may arrive or leave the facility.

Print Name: _____ Date: _____

Signature: _____

When your child is left with BTX Sports Fitness Club, we do not assume custodial responsibility as stated in the policy above and repeated inside of the application. Your Child, while in attendance at BTX, is still under your direction and we will reinforce your instruction to stay at BTX but we are not legally permitted to physically obstruct your child from leaving the premises.



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MEDICAL TREATMENT POLICY

I (We) permit and authorize BTX Sports Fitness Club Staff Members to allow necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine. I understand that care of injuries that may occur during my child's active participation in BTX Sports Fitness Club are the responsibility of myself, my family and/or my insurance. I Understand that BTX Sports Fitness Club does not supply insurance for my child.

I (**Legal Guardian**) certify and attest that I am a person legally responsible for the applicant child named herein. I have read and accept ALL of the statements and conditions contained herein and the **Open Door Policy and Access Permission** and the **Medical Treatment Permission Statements** and hereby give authority to BTX Sports Fitness Club to the extent of the statement and permissions granted therein. I certify the the information provided in the application is true and correct.

Print Name: _____ Date: _____

Signature: _____

I (**Child**) wish to be a member of BTX Sports Fitness Club. I will check into the facility each day. I am to stay at the facility until I am picked up, I will not leave the facility without permission.

Print Name: _____ Date: _____

Signature: _____



SPORTS FITNESS FORM

CHILDS INFORMATION

Application Date: _____

Child's Name: _____ Nickname: _____

Birth Date: _____ Age: _____ Gender: _____

PARENT / GUARDIAN 1

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Work #: _____ Home #: _____

Cell #: _____ E-Mail: _____

Employer: _____

PARENT / GUARDIAN 2

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Work #: _____ Home #: _____

Cell #: _____ E-Mail: _____

Employer: _____

EMERGENCY CONTACT 1

CHECK IF THE SAME AS ABOVE

Name: _____ Relationship: _____

Work #: _____ Home #: _____

EMERGENCY CONTACT 2

CHECK IF THE SAME AS ABOVE

Name: _____ Relationship: _____

Work #: _____ Home #: _____

SCHOOL INFORMATION

Current Teacher: _____ School: _____ Grade: _____

MEDICAL INFORMATION

Any Serious Health Problems: Yes No

If Yes, Please Explain: _____



SPORTS FITNESS FORM

GENERAL

I give BTX Sports Fitness Club permission to use the Image(s) of my child in public relations materials:

Yes No

My Child has Permission to be transported by BTX Sports Fitness Club Vehicles:

Yes No

My Child has permission to use the internet:

Yes No

Continuous Member Since? _____

IMPORTANT NOTE: *The information in this box is collected for statistical and fundraising purpose ONLY. NO personal identifying information will ever be released to any person or organization. Only aggregate, group data will be reported.*

Annual Household Income: (Check One)

\$10,000 or Less \$10,000-\$20,000 \$20,001-\$30,000 \$30,001-\$40,000 \$50,000 or More

Enter the number of people living in your household? _____ Are you a Single Parent? _____

Pick-up List: The individual(s) listed below are authorized to pick-up my child from BTX Sports Fitness Club.

NOTE: *These Persons will remain on the pick-up list until you remove them.*

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

NOTE: *These person(s) MAY NOT pick-up my child-DO NOT list as a legal guardian without producing a court order.*

1. _____ 2. _____

Fitness Goal _____ Intensity: 1 2 3



SPORTS FITNESS FORM

1. PERMISSION TO PARTICIPATE: I, the parent/guardian of the above-named participant, hereby acknowledge that my child is in good general health, and I give my approval for my child to participate in any and all BTX Sports Fitness Club Workouts.

2. INTENT TO INFORM: I acknowledge that I am fully aware of the potential dangers of participation in any physical activity, and I fully understand that participation in BTX Sports Fitness Club Workouts may result in SERIOUS INJURIES, PARALYSIS, and PERMANENT DISABILITY AND/OR DEATH. I do hereby waive, release, absolve, indemnify, and agree to hold harmless BTX Sports Fitness Club, and all trainers, organizers, sponsors, supervisors, and participants from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

3. EMERGENCY MEDICAL AUTHORIZATION: I hereby grant my permission for any and all emergency medical/dental treatment and/or first aid to be administered to my child/participant, including authorizing and medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from participation in any and all BTX Sports Fitness Club activities.

4. COMMUNICATION AND PROMOTIONAL CONSENT: As a condition to my child's participation, I hereby consent to receive communications via email and mail from BTX Sports Fitness Club and its partners. I understand BTX Sports Fitness Club does not sell its contact lists and communications sent may contain program information as well as special offers. Furthermore, I hereby grant to BTX Sports Fitness Club the absolute right and permission to make, reproduce, broadcast or otherwise use participant's name and likeness, any photograph, films, videos, recordings, or other depictions or images in whatever form or media whatsoever for purposes in BTX Sports Fitness Club throughout the universe in perpetuity and in any and all advertising and promotion materials, in any manner or media whatsoever for purposes of art advertising, editorial, trade or promotion or any other purpose whatsoever. To the extent that any benefit accrues or may accrue to BTX Sports Fitness Club, I hereby and forever waive any interest in or claim to such benefits and acknowledge that BTX Sports Fitness Club is under no obligation to exercise any rights granted herein.

By my signature below, I hereby stipulate that I have read, fully understand and voluntarily agree to all of the above.

Signature of Parent/Guardian _____

Print Full Legal Name _____

Signature of Participant _____

Print Full Legal Name _____

Date: _____



SPORTS FITNESS FORM

- The Member is entitled to entry to BTX Sport Fitness Club center ("BTX") to use all services and facilities of BTX during the term subject to the provisions of this agreement. Notwithstanding, BTX reserves the right to refuse entry and/or continuity of membership at its discretion at any time.
- Membership is personal to the member and is not transferable and fees are non-refundable.
- Upon expiration of membership term, this agreement is null and void. The member will no longer have access to the BTX facilities unless a new contract is signed.
- I understand payments rejected for any reason will incur a rejection fee (up to \$35 per rejection) and facility access may be suspended during the time that membership fees are outstanding. Recovery costs may also be charged, and you authorize BTX Sports Fitness Club to do so. We will continue to debit your nominated account or credit card without notice, until we have received the total amount owing (Including rejection and recovery costs). If you owe us money for any services, we may automatically deduct late fees from your nominated account, and you authorize us to do it. If we debit an account without your authority, we will refund the amounts we have debited.
- We will debit your credit card or bank account within 72 hours of signing this contract and will debit fees every anniversary fortnight thereafter. Some direct debits may take up to 5 days to be taken from your nominated bank account.
- All terms of this agreement are binding. If you believe you have received any information or additional terms to this agreement, not covered by this agreement, the terms of this agreement will apply unless written confirmation of changes to this agreement are provided by a BTX Sports Fitness Club employee.
- Should we not enforce our contract rights at any time, it does not mean that we are giving those rights no matter how long we wait.
- We can correct a miscalculation during the first 5 days after the contract is signed.
- Cash payments for membership must be for the full length of this contract period.
- In the event of medical reasons, membership may be frozen at the discretion of BTX management for a period no longer than 8 weeks. Supporting documentation may be requested when calculating the time freeze period.
- If you wish to cancel your contract for any other reason, you must pay out the remainder of your contract in full. This is calculated by the number of days, weeks, months remaining in your contract period multiplied by the days, weeks, monthly membership fee.
- You can cancel your membership if we breach our contract obligations and do not fix the breach of these obligations within a reasonable time-frame after notice is given to us in writing, 30 days notice, in writing, of this cancellation must be received and accepted by BTX before cancellation can be effected. A cancellation fee is not charged in this instance.
- We will ensure that personal trainers have up-to-date insurances and certifications.



SPORTS FITNESS FORM

MEMBER OBLIGATIONS

- Notification of any details that affect your membership including postal and email address changes, contact numbers and account or credit card detail must be given to us at the earliest time possible.
- You guarantee that, to the best of your knowledge, there is no risk to your health from doing any club fitness exercises or participating in any activity within BTX. You promise that you are in good physical condition.
- You are responsible for using the gym equipment in the manner for which it is intended.
- You are responsible for any damages caused by yourself through a willful act of negligence.
- You must always follow facility rules.
- You must comply with reasonable requests and directions of members of staff of BTX.

DISCLAIMER OF LIABILITY

- The member acknowledges that limited lockers are provided for daily use by the member on a first come, first served basis. Members should not store valuables in lockers. BTX will not be liable for loss of, damage to, member's personal property and belongings brought on the premises.
- The member acknowledges that using gym facilities and services is potentially a dangerous activity and the member uses such facilities and services and participates in activities of BTX at his/her own risk.
- It is a condition of membership that BTX (including its directors, employees, instructors and agents) shall not be liable for any injury that may occur while the member makes use of BTX's facilities and services or for any loss or damage to property howsoever arising as a consequence of membership of BTX or use of its facilities and services including loss or damage arising as a consequence of the act or omission or negligence of the gym and its employees and agents.
- The member indemnifies BTX against any claim that may be made by the member on behalf of a minor (including where the minor is a member) or administrator or executor of a member or any other person that may bring onto the premises of BTX whether to use the facilities and services of BTX or otherwise. All such persons use BTX services and facilities in all respects at their own risk.

ENTIRE AGREEMENT

This agreement and BTX Rules and Regulations in place from time to time form the entire agreement between parties.

By signing this agreement, you agree to abide by all rules and conditions and that you understand this agreement in its entirety.

Signature of Parent/Guardian _____ Print Full Legal Name _____

Signature of Parent/Guardian _____ Print Full Legal Name _____

Date: _____



AGE WAIVER FORM

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I hereby waive, release, absolve, and agree to hold harmless, BTX Sports Fitness Club, sponsors, volunteers and employees from suits of law of any kind. I also verify that the following information is true and correct to the best of my knowledge.

This release shall be binding upon myself, successors in interest, and or any person(s) suing on my behalf or on the behalf of the above-named child.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND WAIVER AND I ALSO UNDERSTAND ALL OF ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

Parent/Legal Guardian (Print name)

Parent/Legal Guardian (Signature)

Date

I, _____ Director of BTX Sports Fitness Club, do hereby state that the named parent or legal guardian as stated above signed in their own handwriting before me this **Date** _____

Director of BTX Sports Fitness Club

Date



SUMMER CAMP SIGN-UP

MAY / JUNE 2024	SUN	MON	TUE	WED	THU	FRI	SAT
					<input type="checkbox"/> 30 _{START}	<input type="checkbox"/> 31	1
	2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	8
	9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	15
	16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21	22
	23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28	29
	30						

AVAILABLE WEEKS/DAYS

UNAVAILABLE WEEKS/DAYS

JULY 2024	SUN	MON	TUE	WED	THU	FRI	SAT
		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	6
	7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	13
	14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	20
	21	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	27
	28	<input type="checkbox"/> 29	<input type="checkbox"/> 30	<input type="checkbox"/> 31			

AUGUST 2024	SUN	MON	TUE	WED	THU	FRI	SAT
					<input type="checkbox"/> 1	<input type="checkbox"/> 2	3
	4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9 _{END}	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31

Mark all weeks you would like to reserve for the summer schedule at a rate of **\$150 per week**. All reserved dates are due to be paid in full by the Friday prior to attending. Payment can be made in person or by payment apps, CashApp, Venmo, or Direct deposit, Check. By signing below, you agree to pay for all reserved dates whether attended or not.

Refusal to pay will be filed with Washington County Circuit Court and Pursued for payment.

Sign Name: _____ Date: _____

Print Name: _____