

Triple T Sports Center

Little Monkey's Preschool Registration Form

Date: _____

Student: _____ **Male / Female**

Address: _____

Phone # : _____

Child's Birthdate: _____

Allergies: _____

Prescriptions: _____

Existing Medical Conditions: _____

Has this child or any other family member ever been enrolled in Triple T? _____

Primary Email address: _____

(will be used **only** to distribute gym information)

Mother: _____ **Phone:** _____

Father: _____ **Phone:** _____

Emergency Contact Information: (other than parent)

Name: _____

Address: _____

Phone #: _____

Relationship to child: _____

Code Word for pick up : _____

How did you hear about Triple T?

____ Newspaper ____ Yellow Pages ____ Direct Mail ____ Demo/Brochures

____ Referred by (please put name) _____ Other _____

School : _____

Day(s): (Circle all that apply) Mon Tues Wed Thrs Fri - AM / PM

Triple T Member: Yes / No **Currently Enrolled in :** _____ class

For Office Use only:

Amount Paid: \$ _____ **Check #:** _____ **Cash:** _____ **Rec'd By:** _____

Registered for Before/After School Program _____ **Payment Entered:** _____

Copy of Birth Certificate _____ **Copy of Shot Record** _____ **Copy of Physical** _____

***I understand that a 2 week written notice is required to remove my child from program, otherwise I am responsible for payment for the full tuition for those 2 weeks. _____ (*Initial). If the child is not to be picked up on a regularly scheduled day, I am responsible for notifying Triple T prior to pick up, if no notice is given a \$10 fee will be charged. _____ (*Initial)**

Waiver of Liability:

I hereby release Triple T Sports Center from any and all liability for any injury (or loss of property) incurred while practicing, training, taking class, competing, participating in after school program, open gym, sleepovers, birthday parties, special events, demonstrations or shows, or in any other way involved in gymnastics, karate, dance, cheerleading, cheertumble, preschool or teams at Triple T for any reason whatsoever, including ordinary negligence on the part of Triple T Sports Center, its owners, volunteers, or employees.

I give permission for Triple T staff to sign my child into licensed/unlicensed areas of the facility.

Signature of parent/legal guardian

Date

Triple T Sports Center
619 E. Constance Rd Suffolk, VA 23434

WAIVER AND RELEASE OF LIABILITY

DISCLAIMER: TRIPLE T GYMNASTICS SPORTS CENTER IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON WHILE PRACTICING, TRAINING, TAKING CLASS, PARTICIPATING IN OPEN GYM, BIRTHDAY PARTIES, TUMBLEBUS, SPECIAL EVENTS, FIELD TRIPS, DEMONSTRATIONS OR SHOWS, OR IN ANY OTHER WAY INVOLVED IN GYMNASTICS, CHEERLEADING, TUMBLE, DANCE, KARATE, NINJA, PRESCHOOL, OR TEAM AT TRIPLE T CLUB FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF TRIPLE T, ITS OWNERS, OFFICERS, AGENTS, OR EMPLOYEES.

In consideration of my participation, **I hereby release and covenant not-to-sue** Triple T Sports Center , LLC, the Triple T Parent's Association, or any of their employees, teachers, coaches, or agents, **from any and all present and future claims resulting from ordinary negligence on the part of Triple T Sports Center, LLC or others listed** for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in gymnastics, cheerleading, or any other activities incidental thereto, wherever, whenever, or however the same may occur. **I hereby voluntarily waive any and all claims resulting from ordinary negligence**, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that gymnastics, karate, dance, and cheerleading are vigorous sporting activities involving height and rotation in a unique environment and as such they pose a risk of injury. I understand that gymnastics, cheerleading, and related activities always involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that the mats, pits, and other safety equipment and apparatus provided for my protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I understand that participation in gymnastics and related activities involves activities incidental to active participation in gymnastics, including moving from event to event, conditioning, stretching, and other activities which may leave me vulnerable to the reckless actions of other participants who may not have complete control over their actions or who may not see other students in the gym. Student is voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless Triple T Sports Center and all others listed for any and all claims arising as a result of my engaging in or receiving instruction in Triple T Sports Center LLC, activities or any activities incidental thereto, whenever, whatever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the state of Virginia and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the state of Virginia.

I affirm that I am of legal age and am freely signing this agreement. **I have read this form and fully understand that by signing this form, I am giving up legal rights** and or remedies, which may be available to me for the ordinary negligence of Triple T Sports Center, LLC, or any person listed below.

I also consent to the use, by Triple T Sports Center, or anyone it authorizes, of any and all photographs, tapes, or other representations, and any reproductions thereof for the purpose of promotion (including sale, publication, display and exhibition) without compensation. The member further consents to the use of the member's name in connection with such materials, and agrees that such materials and negatives shall constitute Triple T Sports Center property, with full right of distribution.

* (Signature of Parent or Legal Guardian)

Date

*This is a legal document and must be signed by parent or legal guardian only. By signing above you are stating that you fulfill this requirement.

(name of Participant)

Emergency number _____

**VIRGINIA DEPARTMENT OF EDUCATION CHILD
REGISTRATION MODEL FORM**

- o INDICATE "N/A" IF THE INFORMATION IS NOT APPLICABLE.
- o THE INFORMATION IN THIS FORM IS REQUIRED BY CHILD DAY CENTER STANDARDS 8VAC20-780-60.

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade or Class Level

PARENT(S)/GUARDIAN(S)

Parent	Place Employed	Work Phone
Home Address		Home Phone
Parent	Place Employed	Work Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Work Address		Work Phone

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician		Phone
Two People To Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) <u>NOT</u> Authorized To Pick Up Child*		

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center (i) shall not be denied the opportunity to participate in any of the student's school or day care activities in which such participation is supported or encouraged by the policies of the school or day care center solely on the basis of such noncustodial status and (ii) shall be included, upon the request of such noncustodial parent, as an emergency contact for the student's school or day care activities.

AGREEMENTS

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain emergency medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

SIGNATURES

_____ <i>Parent(s) or Guardian(s)</i>	_____ <i>Date</i>
_____ <i>Administrator of Center</i>	_____ <i>Date</i>

First Date of Attendance: _____ Last Date of Attendance: _____

** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

OFFICE USE ONLY IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following.

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Person Viewing Documentation

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):

_____ *Date*

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section § 22.1-289.049 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction, or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means..

Triple T Sports Center

Child Care Medical Release Form

(All Information Very Important-Please Fill Out Completely)

Child's Name _____

DOB _____ Age _____

Medical Conditions / Restrictions / Allergies: (all medicines kept at TTT require med admin form – if prescription needs to be completed by physician)

Medications: _____

Special Instructions: _____

Physician _____ Telephone # (____) _____ - _____

Dentist _____ Telephone # (____) _____ - _____

Primary Email: _____

Father: _____

Address _____

City _____ State _____ Zip _____

Home (____) _____ - _____ Cell (____) _____ - _____ Work (____) _____ - _____

Mother: _____

Address (if different) _____

City _____ State _____ Zip _____

Home (____) _____ - _____ Cell (____) _____ - _____ Work (____) _____ - _____

Code Word _____

(This word is used to verify your authorization for them to pick up your child when you cannot. Persons other than parent will be required to produce driver's license as identification)

Insurance (Copy of Insurance Card—Front and Back Required)

I certify that my child is up to date on all state required immunizations.

I am fully aware of and appreciate the risks of catastrophic injury, paralysis and even death, as well as damages and losses, associated with participation in gymnastics and other sports. I further agree that Triple T Sports Center, corporations, employees, agents, officers and directors shall not be liable for any losses or damages occurring as a result of camper's participation in the "Summer Sports Day Camp".

I hereby give consent for Triple T to provide customary medical/athletic attentions, transportation and emergency medical services as warranty in the course of my child's participation at Triple T. I will maintain and uphold up-to-date primary medical health insurance during the entire camp enrollment at Triple T Sports Center.

Parent/Legal Guardian Signature _____

Date _____

**WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19
ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION
AGREEMENT**

Participants Names: _____

In consideration of being allowed to participate on behalf of TTT Sports Center and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest staff member immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS TTT Sports Center, their officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent signature: _____

Parent Name Printed: _____

Date signed: _____

MASKS/COVID: If your family is highly concerned about coronavirus or has immunocompromised family members, then our programs may not be a good fit for your family. TTT Sports Center (TTT) has always had a thorough daily cleaning schedule and follows all childcare licensing protocols for cleanliness, sanitizing, and hand washing. Parents will be required to submit the regular daily health check prior to bringing their child to the program (temperature, symptoms, etc.).



Triple T Sports Center

619 E. Constance Rd. Suffolk, VA 23434 (757) 923-5150

2025 Childcare Rates

Effective 3/1/2025 for existing students

Member Registration Fee: \$50 / \$35 add'l children

Non – Member Registration Fee: \$65 / 50 add'l children

Preschool Full Time Rate: 5 Full Days \$185 / \$210 Non – Member

Before School Care: \$60 / \$65 Non – Member

After School Care: \$75 / \$80 Non – Member

Before / After School Care: \$100 / \$110 Non – Member

Half Day Camp Additional Fee: \$15

Full Day Camp Additional Fee: \$25

Summer Camp Full Time Rate: 5 Full Days \$175 / \$200 Non – Member

Additional Fieldtrip Fees: \$10-20

Member – when registered in a Triple T class (TaeKwonDo, Gymnastics, or Ninja)



Center Name: Triple T Sports Center

Participation Agreement

To email and publish my child's work, photographs, or videos via Brightwheel

To: Parent / Legal Guardian

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior:

In the interest of safety and security we require parent permission for the publishing of children's work, photographs or videos through a software program called Brightwheel (the "Program"). By signing this form, you grant for us to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Brightwheel app.

Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent, you agree not to share photos or videos of any child, other than your own, outside the Program without permission.

Please complete, sign, and return this form to the center if you wish to participate. We encourage you to contact us if you have any questions.

My Child's Name: _____

Additional Children: _____

My Name: _____

My Email: _____

Signature: _____ Date: _____



Little Monkey Preschool Supply List

- Backpack
- Lunchbox/Water Bottle
 - Glue Sticks
 - Jumbo Crayons
 - Washable Markers
- Plastic Blunt Tip Safety Scissors
 - Zipper Pencil Pouch
- Nap Mat/Blanket/Pillow (write name on it)
 - Change of clothes
 - Baby Wipes
 - Tissues



*Sold on Amazon





Daily Preschool Schedule

6:00-9:00 am	Arrival / Free Play
9:00-9:30am	Clean Up / Snack
9:45-10:30am	Circle Time / Classwork
10:30-11:00am	Resource
11:00-11:15am	Story Time
11:15-12:00pm	Bathroom / Lunch time
12:00-12:30pm	Free Play
12:30-2:00 pm	Bathroom / Rest Time
2:00-2:30pm	Wake Up / Bathroom
2:30-3:00pm	Story Time
3:00-4:00pm	Centers
4:00-4:45pm	Gross Motor Play / Snack time
4:45-5:30pm	Art / Small Group time / Fine Motor Skills & Manipulatives
5:30-6:00pm	Free Play / Pick Up