

# Triple T Sports Center

## Before/After School / Day Camp 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 the 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 \$15 fee will be charged and \$5 after each additional 15 minutes. Payment is due at pickup. \_\_\_\_\_ (\*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.

**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, CAMP, BIRTHDAY PARTIES, TUMBLEBUS, SPECIAL EVENTS, FIELD TRIPS, DEMONSTRATIONS OR SHOWS, OR IN ANY OTHER WAY INVOLVED IN GYMNASTICS, CHEERLEADING, TUMBLE, NINJA, DANCE, TAEKWONDO, 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, ninja, 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. 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,

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,

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, 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)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
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.

\_\_\_\_\_  
(Printed Name of Participant)

**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

\_\_\_\_\_  
*Parent(s) or Guardian(s)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Administrator of Center*

\_\_\_\_\_  
*Date*

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

## Day Camp Medical Release Form

(All Information Very Important-Please Fill Out Completely)

Child's Name \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_

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

Medications: Please list all medications in the event of an emergency we would need to tell medical personnel

Special Instructions:

Physician \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Dentist \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Primary Email for communication: \_\_\_\_\_

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 \_\_\_\_\_



# Triple T Sports Center



619 East Constance Rd. Suffolk, Virginia 23434  
(757) 923-5150 (757) 923-5185 Fax

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Nansemond Parkway Elementary  
Elephants Fork Elementary (Pending # of children registered)  
Kilby Shores Elementary  
Booker T Elementary (Pending # of children registered)  
Mack Benn Elementary (need transportations approval to ride public school bus)

Re: After School Pick Up

I authorize Triple T Sports Center, Cheryl Burks, and Kaitlyn Sabatino to pick up my child, \_\_\_\_\_, from school for after school care starting on \_\_\_\_\_.

\_\_\_\_\_  
Parent (Legal Guardian) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Days of the week for Triple T pick up: (circle all days)

Monday   Tuesday   Wednesday   Thursday   Friday

Cost: (due the wed the week prior)

Before & After	5 days	\$100 per week \$110 Non-Member
Before only	5 days	\$60 per week \$65 Non-Member
After only	5 days	\$75 per week \$80 Non-Member

# Triple T Sports Center

## *Childcare*

**Member Registration Fee:** \$50 / \$35 add'l children / **Non-Member Registration Fee:** \$65 / \$50 add'l children

**Preschool Full Time Rate:** 5 Full Days \$165 / \$190 Non-Member

**Preschool Part Time Rate:** 3 Full Days \$120 / \$135 Non-Member

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

**Before School Care:** \$60 / \$65 Non-Member (Limited spaces available)

**After School Care:** \$75 / \$80 Non-Member (Limited spaces available)

**5% Sibling discount for each sibling:** If one sibling is a member and siblings are not then we will do the member rate without the discount.

**Registration for Triple T serviced schools & Mack Benn for Before & Afterschool will begin on 7/15/2024. Before or after only will begin 7/15/2024.**

**Cash, Check, Debit Card, Master Card, Visa, Discover Accepted**

**Childcare Hours 6am-6pm**

**Licensed / Non – Licensed Areas:** I understand that there are licensed and non – licensed areas of Triple t Sports Center. The licensed areas include the lobby, kitchen/party room, preschool room, and back TaeKwondo room. I give Triple T staff my permission to sign my child in and out of licensed and non – licensed areas during childcare based on the activities they are participating in.

**Children will not be able to attend if tuition is not current.**

**Payment must be received by the Wednesday before each week. A guaranteed form of payment in the form of a credit card for childcare is required to be added to your BrightWheel account. You will be responsible for payment regardless of attendance. Tuition holds their place in childcare.**

**Very Important! We follow CDC Health Guidelines. A health screen must be submitted daily on BrightWheel prior to drop off. You will scan the QR code in the lobby to sign your child in. Only the parent or authorized person is permitted to pick up. If a person comes to pick up your child that is not on your approved pickup list, then we will not release the child without written permission from the parent or the correct code word is given.**

**I have read and understand the Triple T childcare policies and agree that childcare balances will be paid the Wednesday prior to the start of each week. A \$15 weekly late fee will be due if payment is not received on time.**

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**Signature**

**Date**