



**POLICIES & WAIVERS  
2022-23 ACADEMIC YEAR**

**LIABILITY WAIVER**

I hereby certify that my child(ren) is/are in good physical condition and do/does not suffer from any disability that prevents or limits his/her participation in all activities conducted by undefined. I acknowledge that undefined will not assume any responsibility or liability for personal injury or damages caused by the injury. In the event undefined is unable to reach a parent, guardian or any emergency contact, I hereby give permission for my child(ren) to be transported to the nearest hospital for treatment in case of an accident or emergency. I hereby further authorize(s) any of the staff or employees to provide for, approve and authorize health care at hospital.

**PHOTO RELEASE**

I hereby grant and authorize undefined the right to take, edit, copy, publish, distribute and make use of any and all pictures or video taken of my child(ren) to be used in and/or for legally promotional materials and digital communications. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing. I understand and agree that these materials shall become the property of and will not be returned.

**TERMS & CONDITIONS OF PARTICIPATION, CONSENT, ACKNOWLEDGEMENT & RELEASE**

1. There is a risk of injury in all sport activities. I acknowledge that I am aware and that I have made my child aware of risks and hazards connected with these activities, including the risk of severe physical injury and other physical hazards, and that there may be risks and hazards unknown to me or my child. I understand that there are certain inherent risks to my child in athletic participation that cannot be avoided or eliminated despite reasonable care in providing this activity. I choose to accept any and all responsibility for my child's and my own safety and welfare when participating in these sport activities.
2. On behalf of myself and my child, our heirs, executors, legal representatives, administrators and assignees, I do hereby release and forever absolve the Gainesville Area Community Tennis Association, its officers, committees, representatives and their successors and assigns; any tennis parent coordinators, all program volunteers, including volunteer teaching professionals and student teaching volunteers, staff, agents and representatives; as well as



Alachua County Public School district, the University of Florida and the City of Gainesville, from any and all actions, causes of action or liability, for personal injury, damage, loss of property, wrongful death, or other losses or injuries, arising out of, by reason of, or in any manner resulting from, which may be suffered or sustained by myself and/or my child, in connection with my activities or my child's activities during the period of voluntary participation in this athletic program, any period traveling to and from the events described, or while I and/or my child are on any property where program activities and/or competition is held. All claims are hereby waived and released, and I covenant not to sue as a result of any injury or damage as set forth herein.

3. I understand that part of any risk involved in undertaking any athletic activity is relative to my child's own state of health and fitness and I acknowledge that my child has no physical condition or limitations that would prevent him/her from safely participating in these activities. In the event of the injury or illness consent for emergency medical treatment to be rendered and I agree to be responsible for all costs associated with my child's or my own medical transportation and/or treatment.
4. In the event of any litigation seeking injunctive relief or other legal action impacting my child (individually) or my child's participation in Aces in Motion programming, such action shall be filed in the Alachua County, Florida, Circuit Court; any resulting legal fees and costs shall be taxed against the opposing party and in any event shall not be taxed to Aces in Motion, program staff and employees, all program volunteers, agents and representative, regardless of the outcome of said action.
5. No player may participate in Aces in Motion programming until this registration form and the medical release form has been completed.
6. This activity is neither sponsored nor endorsed by Alachua County Public Schools. I hereby give consent for my child/ward to participate in the Aces in Motion After-School tennis program.

### **SURVEY, PRE & POST TEST AND INTERVIEW RELEASE**

I give Aces in Motion staff, volunteers, partners or interns permission to interview my child from time to time to find out what his/her behavior, skills and attitudes are in regards to such issues as health risks and habits, positive self-esteem, respect for diversity, academic habits and other issues. I understand that the purpose of these surveys, pre and post test, and interviews is to find out how well Aces in Motion is achieving its goals and providing for my child's needs and to locate areas which may call for further attention. I understand that this will remain private, that my child's responses will be grouped with responses from others for any presentations and that his/her name will not be linked to responses.



## **CONSENT TO RELEASE STUDENT INFORMATION**

I consent to the subsequent disclosure of such information to public or private non-profit colleges or universities or scholarship providers that may offer services for my child. Such subsequent disclosure may be made only with the approval of the student. By checking below, I agree to the above terms.

## **MEDICAL CONSENT & LIABILITY RELEASE**

1. I fully understand that should I, or my child, require medical assistance or treatment, Aces in Motion does not employ any professional or medical staff including physicians or other health care personnel. Any employee, representative, or volunteer of the Aces in Motion Program, even if a licensed healthcare professional who responds to a medical emergency and renders emergency medical care or treatment or as a result of any act or failure to act in providing or arranging further medical treatment in the course of this program, would therefore be acting in good faith as a Good Samaritan according to usual acceptable and reasonable medical practices and Florida law, and would be immune from civil liability.
2. I fully understand that the physician(s) and other health care personnel will be acting in good faith according to usual, acceptable medical practice. I understand that every attempt will be made to contact the emergency contact listed in the event of an emergency.
3. I hereby grant permission for the staff/volunteers to give emergency treatment, medical care, surgical care or appropriate medications that might be necessary. In accordance with the above, I agree not to bring legal action or suit against Aces in Motion: its employees, staff, representatives, teachers or volunteers; Gainesville Area Community Tennis Association, its officers, committees, representatives and their successors and assigns.; any physician(s), emergency or health care personnel, regarding emergency care, injury, loss or damage to myself, my child or property while participating in Aces in Motion programming. I understand that in case of emergency, every attempt will be made to reach the emergency contact listed in this paperwork as soon as possible. In the event of an injury, illness or emergency involving my child or myself during attendance at or participation in any Aces in Motion programming, I hereby grant permission for the staff/volunteers of Aces in Motion to provide for and/or obtain emergency medical treatment, medical care, surgical care, or medication that is necessary and appropriate for the treatment of my child or myself. I furthermore agree to be responsible for all costs associated with my child's or my own medical transportation and/or treatment. I have read, completed, and understand all of the conditions of the Medical and Liability Releases.



## **PARENT/GUARDIAN EXPECTATIONS**

1. I understand that pick-up time is from 6:00-6:15 pm Monday through Thursday and any time between 4:15-5:45 on Fridays at Duval Early Learning Academy.

On tennis days, pick-up prior to 5:45 pm will be at the UF tennis courts (next to Law School).

I understand that my child needs to be at the program to gain the benefits and thus I will not pick him/her up early regularly from the After-School program Mondays-Thursdays. Fridays, I am free to pick up anytime after 4:15 pm.

I understand that if I am late more than three times and after being given a verbal notice, I will be charged \$15 per late pick-up.

2. I will ensure that my child has a ride to and from the after school site be it myself, a bus, a friend or a director transporting my child as communicated by me to the director. I understand that my student will not be able to get a ride home without making a formal request as designated on the AIM Transportation Form.
3. I will actively communicate with coaches and directors regarding family issues or emergencies that would negatively affect the well being of my child or impact his/her behavior or participation in the AIM After-School Program.

## **PARENT/GUARDIAN AGREEMENT**

1. I understand if my child performs an act of violence, even playfully, steals, or brings weapons or illegal/inappropriate paraphernalia to AIM programs, I will have to pick them up or arrange pick-up immediately.
2. I agree to attend three (3) mandatory AIM Family meetings. Tentative schedule:
  - a. Sep 8, 2022 : Caregiver Orientation
  - b. March 9, 2023: Caregiver Workshop
  - c. May 18, 2023: AIM Family Banquet



3. I agree to pay the one time \$20 application fee upon my child's acceptance into the program for the upcoming school year. This can be paid via cash or [by card](#).

### **BRAINPOWER SOCIAL & EMOTIONAL SKILLS**

I understand that as a part of the programs at Aces In Motion, my child's services will include social and emotional skill building, self-regulation technique, crisis intervention, an consultation with a mental health professional. On occasion, staff may collect student phones/devices to enable more focus and participation. Therefore, your student may not be able to communicate using their device while at our program. You are always welcome to contact our staff. Our main number is: 352-758-2435.

We provide these services as a key part of our program because of social and emotional support contributes to positive decision making, improved peer and family relationships, academic achievement, and better management of emotions and behaviors.

### **INCOME VERIFICATION**

I understand that submitting this application does not guarantee that my child has been accepted in Aces In Motion After-School Program and that I must submit the income verification form that will be emailed to me. Once that form has been submitted and verified, my child will not considered for the after school program.

### **FEEDBACK**

Please be honest, this feedback will only help us improve and work better with you, your family, your student in AIM and the community at large. We all want AIM to be the best it possibly can and we can always improve with your help!

There is a link on every page of our website where you can send us your feedback or feel free to contact us!