



Forms Needed:

- Contact Information
- Waiver/DHHS/Parent Handbook
- Transportation/Photo Release
- Financial Contract
- ACH Form/Credit
- Child Medical Record
- Immunization Records

Child's Name: _____ Date of Birth: _____ Pin #: _____

Enrollment Date: _____ Date Care Ceased: _____

Drop-off time (Before School Only): _____ Pick-up time: _____

School: _____ Grade: _____ Age: _____

Facility Hours: 7:00am to 6:00pm → Pick-up time will need to be determined unless discussed further with director.

Parent or Guardian's Home Address and Employment Address:

Father (or Guardian): Email: _____ Primary **YES NO**

Name: _____ Employer: _____

Address: _____ Address: _____

City: _____ Zip Code: _____ City: _____ Zip Code: _____

Cell Phone: _____ Employer Phone: _____

Mother (or Guardian): Email: _____ Primary **YES NO**

Name: _____ Employer: _____

Address: _____ Address: _____

City: _____ Zip Code: _____ City: _____ Zip Code: _____

Cell Phone: _____ Employer Phone: _____

Person(s) to Whom the Child(ren) may be Released by the Caregiver: (If no one, please write 'none')

Emergency Contact YES NO

Name: _____ Name: _____

Relationship: _____ Relationship: _____

City: _____ Phone: _____ City: _____ Phone: _____

Emergency Contact YES NO

Name: _____

Relationship: _____

City: _____ Phone: _____

FUNdamental Athletics Academy Financial Agreement 2022-2023:

It is understood that the full school year has been reserved for your child. Financial obligation extends from August-May.

Tuition payments will be automatically withdrawn from your checking or savings account on the 5th of each month. Tuition is calculated based on the number of school days over the course of the school year (August-May). There are a different amount of school days each month so averaged over the school year it comes to 20.4 days per month. The first monthly payment will be withdrawn on **August 5th of 2022.**

No deductions are made for illnesses or absences, if special circumstances arise please consult the director, Ann Erickson, at ann@faalincoln.com.

In the case of divorce, the parent who signs the contract is responsible for all payments if in dispute.

A \$25 fee will be charged and automatically withdrawn on all returned ACH payments and checks.

***if a different payment option is needed please contact the director with questions and for approval.**

***fees for late pick up will automatically be withdrawn from account on the next month's payment** (refer to parent handbook for rates).

*All termination of services requires a 30-day written notice. Tuition will be paid in full for those 30 days. Should the parent/guardian elect to discontinue care within those 30 days the party is still responsible for the entire month tuition payment.

Please check if you need a monthly statement_____

Tuition Rate:	Per Day	Monthly
___ Before and After Care Athletes	\$29.50	\$601.80
___ Sibling Discount	\$27.50	\$561.00
___ After Care Only Athletes	\$28.50	\$581.40
___ Sibling Discount	\$26.50	\$540.60

(Print Child's Name)

(Print Parent Name)

(Parent Signature)

(Date)



Debit Authorization
(To Single Account)

I (we) hereby authorize FUNdamental Athletics Academy, hereinafter called COMPANY, to initiate debit entries for (Application) to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Branch)

(Address)

(City/State)

(Zip)

(Routing Number)

(Account Number)

Type of Acct: ___ Checking ___ Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)

(Signature)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!

**Acknowledgement of Parent Handbook
& DHHS Parent Information Brochure**



FUNdamental Athletics Academy
8400 Cody Dr. Suite K
Lincoln NE 68512

FUNdamental Athletic Academy Parent Handbook:

My child _____ is enrolled at FUNdamental Athletics Academy, Lincoln, Nebraska. I have received and read the Parent Handbook, which details policies and procedures for the program. To read the handbook please go to our website, we will also email you a copy.

Parent/Guardian Signature: _____ Date _____

Receipt of Parent Information Brochure- DHHS of NE:

Please sign, date and return to your Child Care provider before your child(ren) begin care. Your Child Care provider must retain this Receipt on site for review

Child Care Program Name: **Fundamental Athletics Academy**

Enrolled Child(ren)'s Names: _____

Parent/Guardian Name: _____ Date _____

Parent/Guardian Signature: _____ Date _____

Licensed Child Care

You have chosen to use a licensed Child Care provider for the care of your child or children.

According to Nebraska State law (Neb. Rev. Statute 71-1909), the licensing and regulation of Child Care programs exists to protect children and to assist parents in making informed decisions about the enrollment and care of their children in Child Care programs. These licensing and regulatory responsibilities are within the Department of Health and Human Services (DHHS).

Nebraska Law requires anyone providing care to four or more children from different families, for compensation, to be licensed.

The Types of Licensed Child Care in Nebraska are:

- Family Child Care Home I
- Family Child Care Home II
- Preschool
- Child Care Center
- School-Age Only Center



Roles and Responsibilities of Child Care Licensing

The roles and responsibilities of DHHS Child Care Licensing staff are to ensure that programs are providing proper care for and treatment of the children they serve, and that the care and treatment are consistent with the child's physical well-being, safety, and protection.

Licensed Child Care programs are encouraged to involve you. We urge you to let your Child Care provider's staff know of any concerns. There may be situations where you believe that the program is not responding to your concerns or may not be meeting state licensing standards. This brochure,

which Child Care providers are required to share with you, provides information that might be helpful in those situations. Please complete the receipt section and return it to your Child Care provider. This will be kept with your child's records.

Responsibilities of Licensed Child Care Providers

Licensed Child Care providers should:

Comply with child care regulations for their license type at all times.

Obtain and maintain accurate records for children they have in care, such as Enrollment Forms, Parent Information Brochure Receipts, Immunization Records and Medication Administration records.

Keep accurate and up-to-date records for their license and staff members. Report changes to Child Care Licensing and complete required paperwork to reflect changes.

Allow access to their licensed facility when children are in care at all times to parents, Child Care Licensing representatives and the Fire Marshal.

Develop policies and procedures for their programs.

Communicate with families their needs and concerns for the children in care.

Contact Child Care Licensing with any question or concerns they may have.

800-600-1289
402-471-9278 or
dhhs.ne.gov/publichealth/Pages/crl_childcare_childcareindex.aspx

Expectations of Child Care Consumers

As a consumer of Licensed Child Care you should:

Read thoroughly all the information your provider gives you.

Complete your Child's Record Forms and return to your provider before your child begins care. Review and update these records as needed.

Supply your provider with your child's immunization records and keep them updated as needed.

Sign and date the receipt of this Parent Information Brochure for Licensed Child Care and return it to your provider before your child begins care.

Talk to your Child Care provider regularly to address needs and concerns for your children in care and as a parent.

Be informed of the child care regulations. Make sure you know what your licensed child care provider is regulated to do or not do.

Contact Child Care Licensing with any questions or concerns you may have.

800-600-1289
402-471-9278 or
dhhs.ne.gov/publichealth/Pages/crl_childcare_childcareindex.aspx





Transportation/Photograph Permission Form

Name of Child: _____ Age: _____

School Attending: _____ Grade: _____

Permission to take off site:

I give my permission for **Fundamental Athletics Academy** to take my child(ren) off the child-care premises.

YES NO

Permission to transport to/from site:

I give my permission for **Fundamental Athletics Academy** to transport my child(ren).

YES NO

There will be times here at **FUNDamental Athletics Academy** where we will use photographs of the children engaged in activities to highlight some fun moments that happen here. If you would like or not like your child included in this material, please indicate so on this release form so we can make sure that this does not happen.

Allowed to be Photographed: YES NO

Signature of Parent and/or Guardian

Date

Swimming- Woods, YMCA
Pioneers Park
Humane Society
Sunken Gardens
UNL Stadium Tour/ Soccer Games
Wesleyan Campus
Bowling- Parkway Lanes/Sun Valley Lanes
Mahoney State Park
Parks and Recreation- Trails/Parks

Children's Museum
Golf (Adventure Golf)
Tiger Rock (Martial Arts Facility)
Tennis- Woods
Water Park- Star City Shores
Defy Gravity
Climbing Wall- UNL
Morrill Hall
NE Capitol

Salt Dogs Stadium
Sheldon Art Museum
Arbor Farms
Skate Zone
NE High School Hall of Fame
Wilderness Hills- Golf
Holmes Lake
Lincoln City Libraries
Lincoln Public Schools



Child's Medical Information

Child Name: _____

Child Birthdate: _____

Current health status or any health problems caregiver should know: _____

List any allergies and/or intolerance to food, insect bites, or stings, or other factors that may result in a medical reaction. Please give clear instructions in the event of an exposure of the factor:

If medication is needed due to specific health concern, please list detailed instructions in the event that medication will need to be given: _____

If child takes medication, please list medication and dose: _____

If child has an allergy that requires an Epi Pen on hand, please include a written and signed letter giving permission to FAA staff to use Epi Pen in case of emergency.

Special Concerns: (Glasses, Hearing Aid, Crutches) _____

Any activities child(ren) should NOT engage in: _____

I certify that the above information is correct to the best of my knowledge.

Signature of Parent/Guardian

Date

Medication Competency Statement

I, _____ (Parent/Guardian Name) have determined that, the staff at **Fundamental Athletics Academy** are competent to give or apply medication to my child.

Not applicable, child do not take any medications.

*If child needs special medication given due to a specific health concern (ie: allergy to a food, cleaning supply, etc.) directions will be provided to **Fundamental Athletics Academy** upon start at facility.

Signature of Parent/Guardian
Date

Consent to Contact Physician in Emergency:

In the event I cannot be reached to make arrangements, I hereby give my consent to

Fundamental Athletics Academy to contact Doctor _____

Name and Phone

_____ and, if necessary, take

Address City

my child to the following doctor(s), clinics, or hospital _____

Signature of Parent/Guardian
Date

Immunization Records

Please include a copy of your child's immunization record from your child's Health Care Provider.
Immunizations are due no later than 30 days after your child's first day of care.

Please obtain and turn into FAA.

Please sign that all information attached is correct to the best of your knowledge.

Signature of Parent/Guardian

Date



FUNDAMENTAL ATHLETICS ACADEMY, LLC RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

As Legal Guardian of the below named athlete(s), I desire to have them participate in the activities offered by FUNdamental Athletics Academy, LLC. I understand those activities to include, but not be limited to, all aspects of sports, tumbling, training and competition. I understand that these activities are athletic, and it is my intent to have my athlete(s) participate in the activities at the level being offered. I certify my athlete(s) is/are in good health and physically fit and able to participate in the activities offered by FUNdamental Athletics Academy, LLC, and I understand FUNdamental Athletics Academy, LLC does not evaluate whether athlete(s) are fit and able to participate.

I am aware and fully understand that these activities may be dangerous. They involve the risk of damage, serious injury and even death, both to my athlete(s) and to others. I understand that there are many potential causes for property damage, serious injury and death including the negligence of FUNdamental Athletics Academy, LLC, its owners, employees, staff, medical personnel and equipment as well as my athlete(s) own negligence and the negligence of others. In consideration of being permitted to participate in the activities offered by FUNdamental Athletics Academy, LLC, I hereby agree to release, waive, discharge and covenant not to sue FUNdamental Athletics Academy, LLC, its owners, agents, employees, staff, or medical personnel from all liability from any and all loss or damage I may have and any claims or demands I may have on account of injury to my athlete(s) and property or the person and property of others, including death, arising out of or related to the activities offered at FUNdamental Athletics Academy, LLC whether caused by the negligence of FUNdamental Athletics Academy, LLC, its owners, agents, employees, staff, medical personnel, or otherwise.

I agree to comply with all stated and posted safety rules, signs, and verbal instructions of staff as conditions for participation in the activities offered by FUNdamental Athletics Academy, LLC.

I give consent to FUNdamental Athletics Academy, LLC, to render first aid in the event of injury or illness, and to seek emergency medical services including ambulance and hospital care, and I agree to be responsible for all related medical expenses and costs. I understand staff members are not doctors or medical practitioners of any kind.

In consideration of my athlete(s) being permitted to participate in the activities offered at FUNdamental Athletics Academy, LLC, I hereby agree to indemnify and save and hold harmless FUNdamental Athletics Academy, LLC, its owners, agents, employees, staff, and medical personnel from any loss, liability, damage, or cost they may incur arising out of claims generated while in activities at FUNdamental Athletics Academy, LLC whether caused by their negligence or otherwise. In consideration of being permitted to participate in the activities offered by FUNdamental Athletics Academy, LLC, I agree that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by FUNdamental Athletics Academy, LLC, its owners, agents, employees, staff, and medical personnel, including, but not limited to, negligence, dangerous condition, latent defect, premises liability, code violations, negligent security, failure to warn, vicarious liability, negligent hiring and employment, negligent supervision, maintenance defects, improper and dangerous equipment and negligent medical treatment and is intended to be as broad and inclusive as is permitted by Nebraska law and that if any portion is held invalid, it is agreed that the balance shall continue in full legal force and effect.

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 FOR MYSELF AND ON BEHALF OF MY ATHLETE(S) BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, GUARANTEES OR WARRANTIES, EXPRESSED OR IMPLIED, BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Participant Name: _____, _____, _____

Parent/Guardian Printed Name: _____ **Phone:** _____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Email Address for Future Fundamental Info: _____



FAA Parent Questionnaire

Child's Name: _____ Parent Name: _____

Here at FAA during the school year we want every child in our care to have FUN! We want them to make new friends and make some great memories while they are with us. Please fill out this questionnaire to help us to learn more about your child.

Please answer a few questions to help us get to know your child better.

After school at Fundamental Athletics Academy we concentrate to get homework started and completed before the athletes go out to start their activities. As a parent, you know the best way your child learns and does their homework, please let us know how you want us to handle homework with your child (start/finish homework at FAA/do homework at home/struggles with homework/etc.): _____

How does your child do in large group activities? (organized games/sports): _____

Can you describe your child's personality and what they enjoy doing when they are not in school; what do they do during their free time: _____

If you have more information you would like the coaches at Fundamental Athletics Academy to know please explain in more detail here: _____

If there is a behavior issue or question you would like to discuss further with Fundamental Staff please email Ann@faalincoln.com and Sarah@faalincoln.com or **FAA # (402)-975-8237**

Parent Signature

Date