



# 2022 Summer Camp

8400 Cody Drive, Suite K  
Lincoln, NE 68512  
(402) 975-8237

Please check (  ) what hours your child **will** be in attendance AND Please check (  ) each weeks your child **will** attend.

<input type="checkbox"/> Before Hours (7:30 - 9:00am)
<input type="checkbox"/> Core Hours (9:00am – 4:30pm)
<input type="checkbox"/> After Care (4:30 – 5:30pm)
<b>PT Days: M T W Th F</b>

<input type="checkbox"/> #1: May 31 – June 3	<input type="checkbox"/> #5: June 27 – July 1	<input type="checkbox"/> #8: July 25 - 29
<input type="checkbox"/> #2: June 6 – 10	<b>Closed: July 4 – 8</b>	<input type="checkbox"/> #9: August 1 – 5
<input type="checkbox"/> #3: June 13 - 17	<input type="checkbox"/> #6: July 11 - 15	<b>Closed: August 8 - 12</b>
<input type="checkbox"/> #4: June 20 - 24	<input type="checkbox"/> #7: July 18 - 22	

*Before and After care will be \$35 for both or \$25 for just before or \$15 for just after*

*Part-Time days must be chosen at registration; there will be a \$50 fee for change of days after 5/13/22*

*There will be a \$75 fee for change of week after 5/13/22 and a \$135 fee for every cancelled week*

**Your child’s reservation in our Summer Program will not be secured until all paperwork and registration fee is paid.**

Child’s Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Gender: M F

Grade Completed (2020/21): \_\_\_\_\_ School Attended: \_\_\_\_\_

Home/Parents Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Parent’s Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent’s Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

T-Shirt Size (please circle)      YOUTH: S (6-8)   M (10/12)   L (14-16)      ADULT:   S   M   L   XL

Prior to the start of program, we ask parents/guardians to share with us any information we may need to know about your child to help them in our program. (Please fill out the Parent Questionnaire)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Financial Agreement for FUNdamental Athletics Academy 2022 Summer Camp

It is understood that you have registered for a spot in our 2022 Summer Program for your child.

No deductions for illness or absences will be made. There will be no refund of payments already made unless extenuating circumstances arise. Full time tuition is \$215/per week during the LPS scheduled summer, a \$10 discount will be applied for siblings off the base rate for full-time care only; before and after care prices added as needed. Part-time care is 4-days or less, \$185 a week with no sibling discount. Days that we are closed on or around holidays are not deducted from weekly rate. If you choose to withdraw from a registered week after 5/13/22, a deposit fee of \$135 will be charged to your account. If you need to drop a week due to a COVID-19 diagnosis, you will need a doctor's note, with the note there will be no charge to change weeks. If changing weeks does not work please refer to director, fees may apply.

A \$25 fee will be charged on all returned checks and returned ACH transactions. A \$75 fee will be charged for changing weeks that your child is already registered for. There will be a \$135 cancel week fee after 5/13/22. If you drop your child off before registered time or pick up late, there will be a \$25 fee per child per instance. There will be a \$10 fee for every lunch FAA must provide. If you register for part-time days must be picked at registration, there will be a \$50 fee for change of days after 5/13/22.

Weekly ACH payment will be withdrawn on the Wednesday of the week before care starts. If you choose to pay in full for the entire summer by ACH, it will go out May 31<sup>st</sup>.

**Session I:**

Week 1: May 31<sup>st</sup> – June 3<sup>rd</sup>  
Week 2: June 6<sup>th</sup> – 10<sup>th</sup>  
Week 3: June 13<sup>th</sup> – 17<sup>th</sup>  
Week 4: June 20<sup>th</sup> – 24<sup>th</sup>  
Week 5: June 27<sup>th</sup> – July 1<sup>st</sup>

**Session II:**

Week 6: July 11<sup>th</sup> – 15<sup>th</sup>  
Week 7: July 18<sup>th</sup> – 22<sup>nd</sup>  
Week 8: July 25<sup>th</sup> -29<sup>th</sup>  
Week 9: August 1<sup>st</sup> – 5<sup>th</sup>

**FAA will be closed July 4<sup>th</sup> through July 8<sup>th</sup>**

\$215 a week per child, \$10 off a week for siblings

Part-time: 4 days \$185 a week per child

+ \$25 per week per child for before care

+ \$15 per week per child for after care

+ \$35 per week per child for both before and after care

\$50 fee for changing part-time days after registration is complete

\$75 fee for changing weeks after 5/13/22;

\$135 fee for every cancelled week after 5/13/22 and both are nonrefundable

**Full Summer-** ACH payment May 31, 2022

I agree to pay tuition:

→ Please refer to our Policies and Procedures for financial chart if more information is needed.

Weekly by ACH \_\_\_\_\_ Weekly by Cash/Check \_\_\_\_\_

Pay by ACH     **Full Summer** \_\_\_\_\_     **Weekly** \_\_\_\_\_

(May 31<sup>st</sup> withdraw)

(Wed. before)

\_\_\_\_\_  
(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 include account number to keep on file if needed for payment of services or fees

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!**



## Transportation/Photograph Permission Form

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Week(s) Attending:    **1 2 3 4 5 6 7 8 9**

Part-Time Days:    **M T W T F**

Permission to take off site: *(includes all of the places listed below)*

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

YES                      NO

Permission to transport off site:

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

YES                      NO

Permission to take swimming at *Star City Shores, 4375 S 33rd Ct, Lincoln, NE 68516*:

I give my permission for **Fundamental Athletics Academy** to take my child \_\_\_\_\_ swimming.

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/not like your child included in this material, please indicate on this release form so we can make sure that this doesn't happen.

Allowed to be Photographed:    YES                      NO

\_\_\_\_\_  
Signature of Parent and/or Guardian

\_\_\_\_\_  
Date

Children's Museum  
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

Salt Dogs Stadium  
Golf (Adventure Golf)  
Tiger Rock (Martial Arts Facility)  
Tennis- Woods  
Water Park- Star City Shores  
Malone Center- Spray Park  
Climbing Wall- UNL  
Morrill Hall  
NE Capitol

Lincoln City Libraries  
Sheldon Art Museum  
Arbor Farms  
UNL Dairy Store  
NE High School Hall of Fame  
Wilderness Hills- Golf  
Holmes Lake  
Breslow Ice Skating Rink  
Ice Box

NE History Museum  
All YMCA Parks



**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:** \_\_\_\_\_



## Child's Medical Information

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

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 child has allergies please make a list of safe snacks that your child enjoys: \_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_

Special Concerns: (Glasses, Hearing Aid, Crutches) \_\_\_\_\_  
\_\_\_\_\_

Any activities child(ren) should NOT engage in: \_\_\_\_\_  
\_\_\_\_\_

Please explain any concerns for behavior issues for your child (anything that we should be aware of during their time with us): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Fundamental Athletics Academy** to contact Doctor \_\_\_\_\_

and, if necessary, take my child(ren) to the following doctor(s), clinics, or hospital \_\_\_\_\_  
\_\_\_\_\_

Swimming Ability:

Fundamental Athletics Academy does go to the pool once a week, the pool we go to is:

**Star City Shores, which is located 4375 S 33rd Ct, Lincoln, NE 68516**

Please select a swim level for your child. This information will be very helpful for our coaches that will be working with your child; we would like to be familiar with their abilities so that the child is comfortable when we go to the pool.

Swim Levels

**Level 1:** Wading Pool: stay within coaches reach, no slide

**Level 2:** Shallow end, allowed to go off small slide

**Level 3:** May swim unrestricted; No use of water slide

**Level 4:** May swim unrestricted; May use slide

**Child's Level:** \_\_\_\_\_

How would you describe your child's swimming ability: \_\_\_\_\_

\_\_\_\_\_

Can your child go underwater: \_\_\_\_\_

Can your child swim up to the surface if underwater: \_\_\_\_\_

Is your child allowed to swim in water that will be over his/her head: \_\_\_\_\_

Does your child need any assistance with swimming: \_\_\_\_\_

Any further concerns: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date

**Acknowledgement of Personal Needs & Policies  
& DHHS Parent Information Brochure  
Summer Program 2022**



FUNdamental Athletics Academy  
8400 Cody Dr.  
Lincoln NE 68512

**FUNdamental Athletic Academy Summer Program Personal Needs & Policies:**

My child \_\_\_\_\_ is enrolled at FUNdamental Athletics Academy, in Lincoln, Nebraska. I have received and read the Personal Needs & Policies, which details policies and procedures for the summer program.

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 \_\_\_\_\_

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## 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](http://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](http://dhhs.ne.gov/publichealth/Pages/crl_childcare_childcareindex.aspx)





## FAA Parent Questionnaire

Child's Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

*Here at FAA during the summer 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.**

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

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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: \_\_\_\_\_

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

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If there is a behavior issue or question you would like to discuss further with Fundamental Staff please email [Ann@faalincoln.com](mailto:Ann@faalincoln.com) and [Sarah@faalincoln.com](mailto:Sarah@faalincoln.com)

**FAA # (402)-975-8237**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date