

# Sports, Fitness & Fun!!

**USC After School**  
 170 WEST 233<sup>RD</sup> ST. BRONX, NY 10463  
 TEL. 718.549.7529 FAX 718.543.7528



TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Participant's Name** \_\_\_\_\_ **Electronic Waiver**

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

*If there are multiple kids fill out separate form & indicate 1<sup>st</sup> child  2<sup>nd</sup> child  3<sup>rd</sup> child*

Parent Email #1 \_\_\_\_\_

Parent Email #2 \_\_\_\_\_

Mothers Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Fathers Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Childs Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to child \_\_\_\_\_

List any allergies your child has, if none please state none \_\_\_\_\_

Please select **Place a "√"**

5 Days \$3,870	<input type="checkbox"/>
4 Days \$3,600	<input type="checkbox"/>
3 Days \$3,150	<input type="checkbox"/>

Please Circle the Days Attending:

**MON TUE WED THU FRI**

If you need to change days a Change Request Form must be filled out (7 day notice needed)

**Tuition includes pick up.**

Pick up service are only available from the following areas:

Please select Pick Up & Drop Off: **Place a "√"**

School Pick up & Parent Pick Up	<input type="checkbox"/>
Parent Drop Off & Parent Pick Up	<input type="checkbox"/>

Photo Release: I grant Uptown Sports Complex permission to take photos of my child during class activities for promotional ads and website usage. YES  NO

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

School Name \_\_\_\_\_ **\*If private school – USC follows the NYC Department of Education Public School Calendar ONLY!**

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Grade \_\_\_\_ Teacher \_\_\_\_\_ Dismissal Time \_\_\_\_\_ Pick Up Location \_\_\_\_\_

Enrollment Contract (updated as of December 2011): Please initial next to each statement: *By Filling Out this form I certify that I have received Uptown Sports Complex policies and agree to abide by the policies*

Payment Options: Check which one and initial

\_\_\_\_\_ 5% Discount - 1 time full year payment \_\_\_\_\_

\_\_\_\_\_ 2% Discount - 3 equal payments due by 9/1 – 10/1 – 11/1 \_\_\_\_\_

\_\_\_\_\_ 10 % Sibling Discount off the entire tuition for 2<sup>nd</sup> and 3<sup>rd</sup> child of the same family \_\_\_\_\_

\_\_\_\_\_ 9 Monthly Payments Due by the 1<sup>st</sup> of each month \_\_\_\_\_ Setup Monthly Auto Draft

Monthly Fees: 5 Days \$430 4 Days \$400 3 Days \$350

If I select to pay monthly, I understand there is a deposit of one month equal to my monthly tuition due upon registration; If I decide to un-enroll my child before completing the end of school year I forfeit my deposit \_\_\_\_\_

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If I select to pay monthly, I understand there is a deposit of one month equal to my monthly tuition due upon registration; Upon completing the end of the school year, I can apply my deposit to the last month of the school year, not applicable to any prior month \_\_\_\_\_

I understand that USC plan and provide a spot for my child in ASP therefore any missed classes cannot be deducted from tuition \_\_\_\_\_

I understand that tuition must be paid in full based on my contract regardless of the number of days my child attends, any holiday closings, vacations family or school and any other school closings \_\_\_\_\_

If my child missed his/her scheduled day I cannot switch to make up missed day \_\_\_\_\_

**if my child is out from school or will not need to be picked up, I understand that I will notify USC by phone 718.549.7529 or Email [info@uptownsportscomplex.com](mailto:info@uptownsportscomplex.com) \_\_\_\_\_**

I understand there is a late fee is \$25.00 if payment is received after the 5<sup>th</sup> of the month \_\_\_\_\_

I understand that my child will not be able to attend due to non-payment \_\_\_\_\_

I understand pick up is until @ 6:15pm, there is a late pickup fee of \$10 (applied for every 15 minutes) and fee must be paid same day \_\_\_\_\_

I understand that there is no reimbursement if I pull my child out of the program once I pay my monthly tuition \_\_\_\_\_

I understand there is a \$42 registration fee (non-refundable), there is a 3% fee when paying with credit card/debit card. I understand there is a \$30 fee for returned checks and USC will only accept cash/debit payments if I have a returned check \_\_\_\_\_

I understand that there is an additional fee if I need an additional day for pick up and based on availability \_\_\_\_\_

I understand that USC reserves the right to determine whether or not my child will be a good fit at the USC. If USC determines that your child should not continue in the program for conduct and behavioral reasons USC will dismiss your child and return any monies due for the following weeks to come \_\_\_\_\_

I confirm my child has a facility participation waiver \_\_\_\_\_ go to <https://uptownsports.waiverapps.com/locations/uptownsportscomplexfacility> in order to fill one out \_\_\_\_\_

I give permission to my child to be picked up from school and/or dropped off at home by Uptown Sports Complex transportation vehicle and its authorized staff \_\_\_\_\_

I understand that the use of the facility involve activities that come with risks and uncertainties that they may not be used to at home or at school. I realize that no environment is risk-free and I agree to waive any claims for damage, injury, or illness against Uptown Sports Complex or its agents while utilizing any of its facilities \_\_\_\_\_

I understand that if my child is allergic to any foods, it is my responsibility to educate my child on not eating any other foods from any other students in the program other than what's given in their lunch box \_\_\_\_\_

I give permission to my child to eat/drink all snacks provided by the Uptown Sports Complex ASP \_\_\_\_\_

I give permission to my child to go on outdoor trip to nearby local parks and/or baseball field \_\_\_\_\_

I give permission to the following people to pick up my child from USC's ASP:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Tel# \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Tel# \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Tel# \_\_\_\_\_

DO NOT give Permission to \_\_\_\_\_ Relationship to child \_\_\_\_\_ to pick up my child \_\_\_\_\_ (initials)

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CHILDS NAME:

----- OFFICE USE ONLY -----

**ASP** Program # OF DAYS \_\_\_\_\_ Days Attending \_\_\_\_\_ **Start Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Monthly Tuition Amount \$ \_\_\_\_\_ Registration Fee \$ \_\_\_\_\_ Deposit \$ \_\_\_\_\_

[Discount Type \_\_\_\_\_ Discount Amount \$ \_\_\_\_\_ Credit \$ \_\_\_\_\_ NEW Total Due \$ \_\_\_\_\_]

3% Fee \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Date of Payment \_\_\_\_/\_\_\_\_/\_\_\_\_ **Initial**  

**[Credit Card on file for Monthly Payment Auto-draft]**

VISA MC AMEX DISCVR zip code \_\_\_\_\_

Card# \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 Digit Sec Code \_\_\_\_\_

ASP Monthly Payment Schedule

Month Due	Monthly Tuition	Monthly Drop Off Fee/Other	Total Due	Date of Payment	Type of Payment	Total Paid	Balance	Employee Initial
Registration	Deposit		\$					
Sept	\$	\$	\$			\$		
Oct	\$	\$	\$			\$		
Nov	\$	\$	\$			\$		
Dec	\$	\$	\$			\$		
Jan	\$	\$	\$			\$		
Feb	\$	\$	\$			\$		
Mar	\$	\$	\$			\$		
April	\$	\$	\$			\$		
May	\$	\$	\$			\$		
June	\$	\$	\$			\$		

Entered in ASP roster  Verified Waiver  Enter into Billing  Enter in Class Rosters