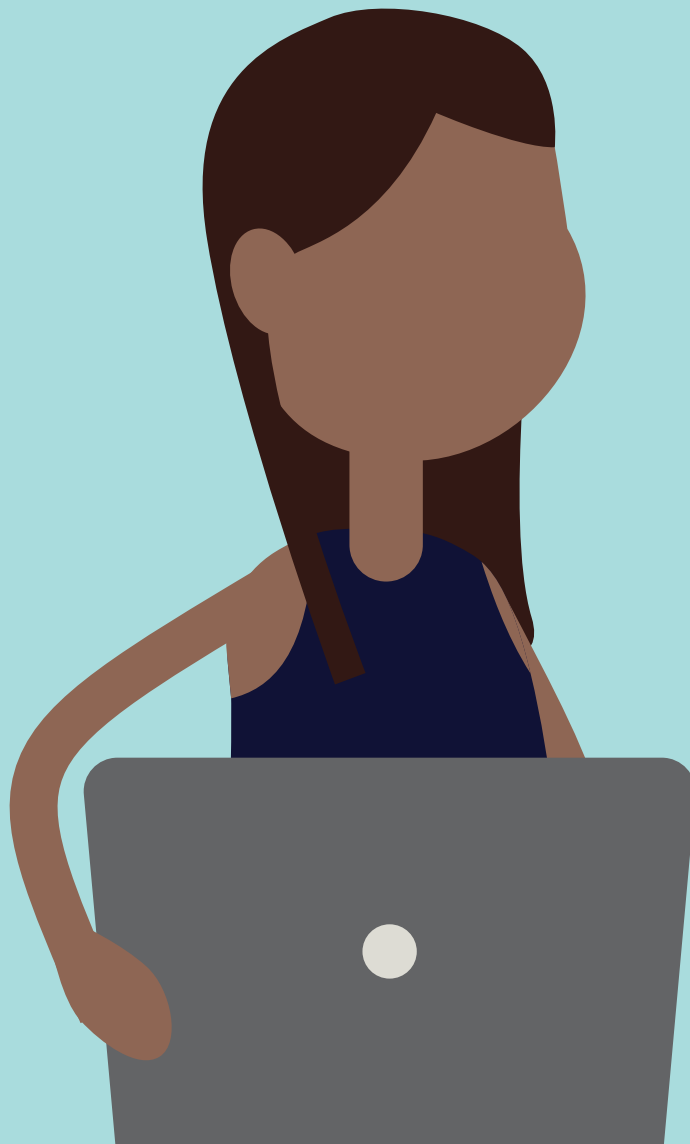


# '20 - '21 Virtual Learning Support



Little Rock  
**Athletic Club**

*play on*

4610 SAM PECK ROAD | LITTLE ROCK, AR 72223  
501.225.3600 | WWW.LRAC.COM

## PROGRAM DESCRIPTION

Created to assist families electing all or part of a virtual school week, our state licensed “eClub” will guide students through their academic day, provide social interaction and age appropriate fitness activities.

Our program coordinator, who has a background in Education, will review schedules with parents and establish individual plans for students. Each child will have a dedicated “home base” at which they can set up his/her laptop and school supplies. Home bases will be spaced appropriately and staff will move between to check on progress.

Where fitness and fun are concerned, we will work these into the day around the academic schedules.

### HEALTH AND SAFETY

In order to ensure the safety of all participants and staff, we follow state cleaning, disinfecting and social distancing guidelines.

## DETAILS

**Ages:** Kindergarten - sixth grade

**Time:** 7:30 am - 2:30 pm

**Fees:** (Includes all activities and morning and afternoon snacks. Children should bring a healthy lunch.)

**Monthly\*** - Kids' Club Member - \$285, LRAC Member - \$295, Non-member - \$320

**Daily\*\*** - \$35

Submission of this form does not guarantee a place in our eClub program and space is limited. A \$60 registration fee must accompany this application in order for it to be processed. (LRAC members may charge their Club account.)

For more information, contact Youth Director, Melody Nation, at 501-225-3601, ext. 335, or [melodynation@lrac.com](mailto:melodynation@lrac.com).

\*We offer a 10% discount for siblings enrolled in our monthly program.

\*\*This option is only available space permitting.

## PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender:  Male  Female

Child is a(n):  LRAC member  Kid's Club member  LRRC member  Non-member

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's phone: \_\_\_\_\_ Father's phone: \_\_\_\_\_

Email (for program updates, if needed): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

If requesting “Daily,” what day(s) of the week do you desire?  Mon  Tue  Wed  Thu  Fri

## PICK-UP AUTHORIZATION

My emergency contact is authorized to pick up my child from the LRAC.

Other adults authorized to pick-up my child from the LRAC include:

Name	Relationship	Address	City/State/Zip	Phone
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# PAYMENT INFORMATION

Person responsible for payment: \_\_\_\_\_

Responsible party's address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Method of payment (Indicate your choice by completing the appropriate information below):

LRAC club account option (for members only/account must be current)

Name of member to be charged: \_\_\_\_\_

Credit/debit card option (Visa, MasterCard, Discover, American Express)

Name as shown on card: \_\_\_\_\_

Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ CCV number: \_\_\_\_\_

# MEDICAL INFORMATION

Person to contact in case of emergency if parents cannot be reached: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

Emergency room of choice: \_\_\_\_\_

Allergies, medications, special conditions including but not limited to asthma, diabetes, sun sensitivity, seizures or fainting spells (please provide specifics): \_\_\_\_\_

Will the LRAC need to dispense medication? (circle one)    YES    NO

# DISCIPLINE

The LRAC reserves the right to remove a child from any program or activity if the child's behavior jeopardizes his/her own safety, that of others, or is so disruptive that the enjoyment of other participants is diminished.

The LRAC uses "timeout" to encourage good behavior. A child who must take a timeout will be removed from participation and is required to sit alone quietly for 1 minute for each year of age, i.e., a five year old would incur a 5 minute timeout whereas an eight year old would sit for eight minutes. This policy will be clearly explained to each child and a verbal command will be given which instructs the child as to how he/she is supposed to behave before any timeout is given. Parents will be informed on a daily basis if their child was put in timeout. Continuous behavioral problems may result in removal from the program.

**SIGN THE WAIVER ON THE BACK  
AND RETURN TO THE DOWN UNDER CENTER**



# RELEASE OF LIABILITY AND ASSUMPTION OF RISK

I understand and acknowledge that this is an agreement between myself and the auspices of the Little Rock Athletic Centers, LLC, dba Little Rock Athletic Club, Little Rock Racquet Club, North Little Rock Athletic Club and Downtown Athletic Club (collectively referred to as LRAC). I further acknowledge that I have the ability to read and have been provided the opportunity to read this agreement before signing.

I understand and agree that being allowed to participate and utilize the equipment, programs, supplies, services, staff and facilities at LRAC is good and valuable consideration for this agreement.

I understand that the nature of LRAC's facilities and equipment contemplate that other members, guests and staff will have access to the equipment, supplies and services available at LRAC. While LRAC takes reasonable steps to insure the safety and sanitization of the equipment, programs, supplies, services and facilities, it cannot and does not guarantee that the equipment, programs, supplies, services and facilities are germ / virus free (this includes, but is not limited to COVID-19). I acknowledge the individual responsibility regarding these issues and hereby waive any and all claims related to such issues should I or my children choose to participate and/or utilize the equipment, programs, supplies, services and facilities. I also acknowledge the individual responsibility regarding the fact that other members, guests or staff may be present and may have medical conditions and/or infections wholly independent of LRAC. I hereby waive any and all claims related to such issues should I or my children choose to participate and/or utilize the equipment, programs, supplies, services and facilities while other members, guests or staff are present.

RELEASE AND AGREEMENT NOT TO SUE: I understand, acknowledge and agree that the equipment, programs, supplies, services and facilities at LRAC are voluntary and that they involve inherent risks. The risk of injury includes the risk of use and the risk of misuse. The possible injuries include the potential for permanent paralysis and death. I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my participation and that of my children. I knowingly and freely agree to waive any claim for injury sustained at LRAC and agree not to sue LRAC (including its managers, officers, officials and/or employees) whether or not the claim for injury was caused by the negligence of LRAC, its managers, officers, officials and/or employees. I further agree to indemnify and hold harmless LRAC against any and all damage, loss, cost and expense related to any injury or harm I or my children might sustain.

Photography and/or Video - I understand that LRAC periodically takes facility and group photographs and videos and uses the resulting content for lawful purposes including, publicity, illustration, advertising and web content. I grant to LRAC and all its subsidiaries the right to take photographs and/or videos of myself or my children. I authorize LRAC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that LRAC may edit and use such photographs and/or videos for any lawful purpose..

Text and Email Communication - By opting in to receiving text and email messages from LRAC, I agree to allow LRAC and all its subsidiaries, agents and service providers to contact me with promotional and informational texts and emails at the phone number(s) and/or email address(es) provided. I acknowledge that providing these phone numbers and email addresses is not a condition of receiving any property, goods or services. By listing this information, I certify that it is accurate and that I own the rights to use it and give consent for it/their use. Additionally, I understand that I may unsubscribe at any time to these communications.

# PARTICIPANT AGREEMENT

My signature conveys:

- I have read all of the above, fully understand its meaning and that I have given up substantial rights and granted specific permissions which I do freely and voluntarily without any inducement or coercion.
- I give my consent for my child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in the case of an emergency when a parent or guardian cannot be reached. Consent is also given for an LRAC employee or his/her duly appointed representative to transport my child for emergency medical treatment in said situation;
- I authorize the LRAC to draft my program fee;
- I understand and agree to the LRAC's policy on discipline;
- I understand that I may ask for a conference with a staff member(s) as needed. I also understand that the Department of Human Services (DHS) can ask me or my child for an interview at any time concerning the facility.

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

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## LRAC USE ONLY

Acceptance Date: \_\_\_\_\_ Notified by: \_\_\_\_\_