# Grades K – 12
# 2022 – 2023
# *Official Registration Form*

***"Enriching lives through fitness and education"***

***Fusion Elite Homeschool Academy***

❑ **Registration Fee *(non-refundable)*:**

***$24.95 per semester per participant***

***Minimum 5 students required in order to maintain a class. If a class is cancelled due to low enrollment, fees may be applied towards other curriculum courses or refunded. Certain specialty classes are exempt from hourly charge, these classes include martial arts classes, sports development classes, private music lessons, tutoring classes, specialty reading classes, and personal training. Classes that fall under this exemption will list their prices separately.***

**Home School Academy Start Date:_____, 20____ Semester: ❑ Fall ❑ Spring**

**Parent's Name(s):_____ ❑ Single ❑ Married ❑ Divorced**

**Address:_____City:_____Zip:_____**

**Cell Phone:_____ Home Phone:_____**

**Email:_____**

**Current Home School Provider:**

- ❑ **Visions In Education**
- ❑ **Cottonwood**
- ❑ **Clarksville**
- ❑ **Sutter Peak**
- ❑ **South Sutter**
- ❑ **American River**
- ❑ **Feather River**
- ❑ **Heritage Peak**
- ❑ **Horizon Charter**
- ❑ **Lake View**
- ❑ **Winship**
- ❑ **Other: _____**

***Please list all children that will be participating in the Fusion Fun Club program***

**Student's Name:_____Gender:____ Age:____ Grade Entering:____DOB:_____**

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**Student's Name:_____Gender:____ Age:____ Grade Entering:____DOB:_____**

List the names of all persons other than primary parent authorized to pick up above named child(ren) from the facility. **No over the phone authorizations will be accepted.** Driver's License will be required when picking up child(ren).

Name:_____Phone:_____Relation:_____DL/State:_____/___

Name:_____Phone:_____Relation:_____DL/State:_____/___

Name:_____Phone:_____Relation:_____DL/State:_____/___

**SCHOOL INFORMATION:**

**Charter School:_____ Current Grade Level:_____**

**School Address:_____ School Phone: _____**

**School Website:_____ Educational Specialists:_____**

***For Office Use Only***

❑ *Reg. Packet Rec'd:_____* ❑ *Reg. Fee Rec'd:_____* ❑ *Welcome Email Sent: _____*

❑ *Scan Card Rec'd: _____* ❑ *Handbook Rec'd: _____* ❑ *Enrollment Photo Taken: _____*

# ENROLLMENT REGISTRATION AGREEMENT

Name of Child:_____ Date of Birth:_____

Parent/Guardian's Name:_____

**Please initial each section listed below, then sign and date**

_____**REGISTRATION FEE:** I understand that each semester a **non-refundable, Registration Fee of $24.95 - $99.95** shall be paid in advance to enroll my child and reserve space. I understand that I may only guarantee my child's enrollment for Fall/Spring by paying this fee no later than 30 days prior to start of semester. In instances of agency reimbursement, the Registration Fee is to be paid according to the applicable terms.

_____**TUITION and MODIFICATIONS CONDITIONS: $12.50 - $99.00 per hour** is the current tuition rate for most academic classes in the Fusion Elite Homeschool Academy. I understand that rates may be subject to change without notice as conditions require. Outside specialty courses may charge a higher hourly.

**I have enrolled my child to attend the Fusion Elite Homeschool Academy on these days:(check all that apply) ❑ M ❑ T ❑ W ❑ TH**

_____**PAYMENT OF TUITION:** I understand that tuition is paid with Charter voucher or personally where voucher is not accepted. Appropriate alternate Tuition Fees such as Summer Camps, Spring Break Camp, Winter Camp, Full Day Camps, before and after hours program tuition, specialty STEM classes and upgrade programs must be paid at the time of enrollment.

_____**LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a **late payment fee of $25 per week** that tuition is not received. All late fees are subject to change without notice. I understand that if my account is delinquent for any reason for more than two weeks, I may be asked to withdraw my child from the Fusion Elite Homeschool Academy until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. **Any unpaid tuition fees may be sent to a third-party collection agency if it cannot be handles with a reasonable time frame between Fusion Elite and the delinquent party. Any legal fees incurred during the collection of unpaid tuition will be added to the collection amount.**

_____**CHARGES AND PROCEDURE FOR LATE PICK-UP:** Fusion Elite Homeschool Academy ends at 2:30 pm. Monday through Friday all year, except for holidays with a 15 minute grace period for pick up. I understand that if I fail to pick up my child by the **scheduled closing time of 2:45 pm**, **I may be charged a late fee of $5 per every 15 minutes or portion of fifteen minute period, per child**, until the child is picked up.

_____**DISCOUNTS:** I understand that if I have more than one child enrolled attending from my immediate family, a 10% discount from the usual tuition fee is offered to all subsequent family members. These discounts are also available to those accounts when full tuition is paid in advance. **Ask your program director for details.** Discounts are not applicable on any other fees or services, Agency Co-Pays, or special program promotions cannot be combined with any other discount or promotion.

_____**RETURNED CHECKS:** I understand that a **processing fee of $35.00** will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. **If more than two checks are returned within a six month period, I will be required to pay in full by an alternate method of payment for the next six month period.** The maximum fee allowed by state law will be charged for all returned checks. I am responsible for the principal amount plus all returned check fees.

_____**DAILY SIGN-IN AND SIGN-OUT: I agree to sign my child out every day using the school's attendance procedure.** If I neglect to do so, **I may be charged a maximum additional fee of $5.00 per missed sign-in.** I understand that as a minor, my child is not permitted to sign him/herself in for class. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated drop off and pick up areas and check in with a Fusion staff member each day.

_____**ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the Parent Handbook. **Temperatures will be checked upon arrival daily! Any temperatures over 100.4° will be placed into isolation and must be immediately picked up.**

_____**AT WILL TERMINATION:** Fusion reserves the right in its sole discretion to dismiss or terminate any member, parent, student or client from the program for any reason they deem appropriate for such action. Reasons for dismissal could be but not limited to fighting, theft, verbal abuse, purposely misleading staff, providing false information, making false accusatory and slanderous comments about the company, its staff or other members. Dismissal may also occur for purposefully starting or engaging in derogatory rumors or gossip about the program, its staff, its members or owners.

_____**SPECIAL NEEDS:** I understand that Fusion Elite Homeschool Academy is not qualified to offer special needs instruction and attention and that students needing such services should consult their Charter for an appropriate and adequate location to provide them quality service.

_____**WITHDRAWAL FROM PROGRAM:** I understand that I must provide a **30 day written notice of withdrawal** from the program. If this notification is not provided, I agree to pay all tuition and fees for an additional 30 days, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

_____**HOLIDAYS:** I understand that the school is closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, as well as either Martin Luther King, Jr. Day or President's Day. **Fusion Elite Homeschool Academy does not charge for holidays and closures.**

_____**ABSENCES/VACATIONS: I agree to inform the school immediately if my child will be absent on any day.** Fusion Elite Homeschool Academy does not currently charged for taking time off as long as you meet the minimum attendance requirements for the semester and have given advanced notice on all planned vacations or absences. I also understand that if I withdraw my child during a vacation, I will be required to pay a new non-refundable registration fee upon return.

_____**ALL POLICIES & STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Parent Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.

_____**PARENT HANDBOOK:** I have been given instruction on attaining a Parent Handbook. I have read and understand its contents and policies and agree to be bound by same. You can download the Parent Handbook at www.fusionelite.net/student/documents Enter Password: **Fusion2021**

_____**COVID19:** I am choosing to allow my son/daughter to participate in the Fusion Elite Performance Training Center Fun Club After School Enrichment Program. I understand that there are risks associated with my participation and I fully accept and release the owners, staff, vendors, assigns, associates from any and all responsibility related to any likelihood of contracting COVID-19 during these visits. I fully confirm that my son/my daughter have not tested positive for COVID-19 nor do I have any symptoms currently related to the COVID-19 infection. I am also truthfully stating that my son/my daughter have not traveled outside of the United States within the past 4 weeks of signing this form, nor have we had any contact with anyone who may have any symptoms concurrent with COVID-19, including but not limited to fever, cough, nausea, diarrhea, vomiting, body aches, and shortness of breath.

_____**PROTOCOLS:** I understand that upon entering the facility, students will have their temperatures taken and asked to immediately go and wash their hands. This procedure is non-negotiable and must be practiced at all times. I further understand that at any time, if my child's symptoms have changed, I must notify the facility immediately and keep them informed as to the results of any testing or doctor's recommendations.

_____**QUARANTINE:** If any signs or symptoms of COVID19 are recognized or thought to be recognized by a staff member, we will error on the side of caution and require that the student be quarantined for a minimum of 5 days at which time they will need to take a COVID19 test and submit a notice of negative in order to return. If no COVID test is taken, then the student must stay quarantined for a minimum of 14 days prior to returning symptom free.

_____**WAIVER:** This waiver and release applies to this visit and any and all subsequent visits to the Fusion Elite Performance Training Center.

_____**NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which both the Director and I must initial. Any alterations, revisions, modifications or deletions of any term of this Agreement are null and void.

**These policies have been reviewed with me by school management. I understand and will comply with the policies included in the *Enrollment Agreement and Parent Handbook*. The policies in this contract will supersede all other previous documents.**

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

**Parent/Guardian Name (Please Print):**_____

**Director Signature:**_____ **Date:**_____

# MEDICAL INFORMATION

**AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR**

In the event of a medical issue requiring a physician's care, would you like us to call your family physician?

Yes _____ No_____ If yes, please provide the following information:

Physician's Name:_____Phone:_____

Address:_____City:_____ Zip:_____

I (we) _____ and _____, do hereby state that I am (we are) parent(s)/legal guardian(s) of _____, a minor child age _____, born on _____, who resides with me (us) at _____. I (we), _____ authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of California.

Preferred Hospital/Clinic for Acute Care and Emergency Care: _____

Dentist Name:_____ Practice/Clinic Name:_____

Address:_____ Phone:_____

Health Insurance Provider and Policy Number:_____

Secondary Health Insurance Provider and Policy Number:_____

Last Tetanus/Diphtheria Booster:_____

Allergies to drugs, foods or other: _____

Please list any special medications or pertinent information:_____

_____

**Parent/Guardian signature:_____**

**Appeared before me and produced_____ as identification. Date:_____**

**Director Signature:_____ Print name:_____**

**I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the school and listed in the Parent Handbook.**

**AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS** The school may plan carefully-arranged, supervised special trips for the children away from the school that may or may not require bus transportation. You will be notified in advance of all trips. These include children taking walks. I give the school the permission to take my child on these field trips.

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

# Emergency Information Form

**Must be completely filled out**

***Please list all children that will be participating in the Fusion Fun Club program***

**Student's Name:_____Gender:____ Age:____ Grade Entering:____DOB:_____**

**Disabilities:_____ Allergies:_____**

**Medications:_____Restrictions:_____**

**Student's Name:_____Gender:____ Age:____ Grade Entering:____DOB:_____**

**Disabilities:_____ Allergies:_____**

**Medications:_____Restrictions:_____**

**Student's Name:_____Gender:____ Age:____ Grade Entering:____DOB:_____**

**Disabilities:_____ Allergies:_____**

**Medications:_____Restrictions:_____**

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**Mother's Name(s):_____ Primary Residence?: ❑ Yes ❑ No**

**Address:_____City:_____Zip:_____**

**Cell Phone:_____ Home Phone:_____**

**Employer:_____ Occupation:_____Work Phone:_____**

**Email:_____**

---

**Father's Name(s):_____ Primary Residence?: ❑ Yes ❑ No**

**Address:_____City:_____Zip:_____**

**Cell Phone:_____ Home Phone:_____**

**Employer:_____ Occupation:_____Work Phone:_____**

**Email:_____**

List the names of all persons other than primary parent authorized to pick up above named child(ren) from the facility.
**No over the phone authorizations will be accepted.** Picture ID will be required when picking up child(ren).

Name:_____Phone:_____Relation:_____

Name:_____Phone:_____Relation:_____

## Medical History

Primary Care Physician:_____ Phone:_____

Address:_____City:_____Zip:_____

Medical Insurance:_____Policy_____

I understand that West Coast Fusion Elite Performance Training Center will take all reasonable steps to ensure the safety of my child(ren), however, accidents and illness may sometimes occur. In the event of an accident, injury, illness or other emergency and if myself or my child's primary care physician cannot be reached, I authorize West Coast Fusion Elite Performance Training Center to secure required medical attention for the above named child(ren) at my expense. This authorization applies whether the charges are covered by insurance or by myself. To the best of my knowledge, my child(ren) is/are free of any potential health problems which might affect his or her participations or communicable diseases which might endanger others. I further release West Coast Fusion Elite Performance Training Center, its owners, teachers, staff members, volunteers and all personnel from any liability related to my child or myself.

_____

Primary Parent/Guardian Signature: Print Name: Date:

# YOUTH WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in Fusion Elite Homeschool Academy related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) of the participant should inspect the facilities and equipment to be used, and if the parent or guardian believes anything is unsafe, he or she should immediately advise supervisor (advisor, manager, etc.) of such condition(s) and refuse to participate.

2. Acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

4. Release, waive, discharge and covenant not to sue Fusion Elite Homeschool Academy its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Name of Member/Participant (print):_____

Name of Parent/Guardian (print):_____

Parent/Guardian Relationship (print): _____

Signature of Parent/Guardian: _____

Address of Member/Participant: _____

Telephone Number of Parent or Guardian: _____ Date:_____

# CONDUCT AND CONSEQUENCES, HEALTH WAIVER, MEDIA RELEASE & AGREEMENT FOR ALL ACTIVITIES

## CONDUCT

I understand that intentionally or unintentionally causing disruption or preventing a participants ability to enjoy their experience or staff's and/or volunteer's ability to conduct a program or their job duties by either a child or a parent by the use of violence, threats, intimidation, unsafe conduct regarding children, fear, resistance, insults, or any other conduct, whether intentionally or unintentionally is not acceptable behavior, and is in conflict with Fusion Elite Homeschool Academy values, and may result in termination from the program and future programs.

## CONDUCT CONSEQUENCES

**1st Offense** – Teacher/Adult in charge will give student a verbal warning for his/her misbehavior.
**2nd Offense** – Teacher/Adult in charge will give student a verbal warning for his/her misbehavior and write a behavioral slip to notify parent of said misconduct.
**3rd Offense -** Teacher/Adult in charge will give student a verbal warning for his/her misbehavior and write a behavioral slip to notify parent of said misconduct. Site director will speak with and/or meet with parent to discuss misbehavior. This step may result in dismissal from the class

**We are a zero-tolerance academy. Although we always try to look at the heart of child before making any decision, it is our position that malicious misconduct have no place in the Fusion Elite Homeschool Academy.**

## HEALTH WAIVER

I understand my child is engaging voluntarily in exercise, physical activity and /or recreational programs. It is my responsibility to monitor my /child's own condition throughout any activity or program and, should any unusual symptoms occur, I /my child will cease participation and inform the instructor/coach/director and staff of the symptoms. In the event that a medical clearance must be obtained prior to my child's participation in a physical activity program, I agree to consult my physician and obtain written permission from my physician prior to the start of any program. I agree to assume the natural risks associated with exercise, sports and physical activity

## MEDIA RELEASE

I understand that events and classes may be videotaped and photographed and I authorize the use and reproduction of any and all photographs or video footage including but not limited to print, video, the internet, and social media.

***I HEREBY AGREE TO RELEASE AND HOLD HARMLESS*** *Fusion Elite Homeschool Academy, the owners, staff, volunteers, students, West Coast Fusion Elite Performance Training Center or any chosen venue from any loss, liability, claim of bodily injury or property damage, or costs which may arise through my participation in programs. I also authorize Fusion Elite Homeschool Academy owners, staff or volunteers to seek any necessary emergency medical treatment if unable to reach me in a timely fashion.*

_____ _____
Parents Signature: Date:

_____ _____
Student's Name: Date: