

# 2024-2025 XL LAKE NONA XTRA TIME PROGRAM

## ENROLLMENT FORMS



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[www.xlnona.com](http://www.xlnona.com)

At XLA Xtra Time we pride ourselves on being..

**SAFE**  
**ACCOMMODATING**  
**AFFORDABLE**  
**ENGAGING**

## 2024-2025 Xtra Time Program Registration Checklist

Parents, please use this checklist to ensure that all paperwork is completed.

Please keep a copy of all paperwork for your records.

\_\_\_\_\_ \$35 Xtra Time/Homeschool membership

\_\_\_\_\_ Payment enclosed or

\_\_\_\_\_ Registered and paid through Dash

\_\_\_\_\_ Enrollment Contract Form (2 pages)

\_\_\_\_\_ Health & Wellness Record Forms (2 pages)

\_\_\_\_\_ A recent small photo of your child

(You can attach or e-mail to [Bianca@xlsportsworld.com](mailto:Bianca@xlsportsworld.com) ) Please include the name of the child in the picture or in the email.

\_\_\_\_\_ Immunization Records (If submitted prior to 2024 OR a new player)

\_\_\_\_\_ Authorization for Child Release

\_\_\_\_\_ Behavior Management Policy

# ALL AGES - Enrollment Contract Sofive (XL) Lake Nona

Page 1 of 2 (One form per player required)

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

Grade as of August 2024: \_\_\_\_\_

Please put an X in the boxes of the add-on you would like your child to participate in during their active hour..		
Add On	Price	Description
<b>Youth Development Program (Soccer)</b>	<b>\$238</b>	7 week season Practice during the week Games on Sundays
<b>Academy</b>	<b>\$145</b>	Month to Month 2 Practices & Games <i>*Try Out Required*</i>
<b>Jiu-Jitsu</b>	<b>\$149</b>	Month to Month 3 Days a Week <i>Martial Arts Nation</i>
<b>Youth Basketball</b>	<b>\$357</b>	7 week season 2 practices during the week Games on Sunday

**REMINDER: ALL ACTIVE HOUR ADD-ONS MUST BE PAID FOR BEFORE THE SEMESTER BEGINS.**

# Xtra Time Enrollment Contract - Page 2 of 2 (One form per camper required)

Childs Name: \_\_\_\_\_ Grade as of August 2024 : \_\_\_\_\_

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

Credit Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVV: \_\_\_\_\_

Is this Credit Card # different from siblings? Y / N

To enroll your child in the Sofive (XL) Xtra Time Program, put an X in the box to indicate each day you would like to enroll. You will be notified if any days you have selected are unavailable when we process your contract. To reserve your days/weeks, you MUST include your credit card information or pay for all tuition and active hour add-ons in full at the time of enrollment. We are unable to hold your dates without CC or payment in full. You have the option of paying by cash, check or we will automatically run your credit card the 1st of every month.

Xtra Time Enrollment Policies: (Please make all checks payable to: Sofive LAKE NONA)

- Daily rate for campers: \$35/day
- **You are responsible to pay for all days selected on your Enrollment Contract. There are no refunds, cancellations, substitutions, make up days or credits on enrollments. If your child is absent for any reason, including an illness, you will not receive a refund or credit for that day.**
- Payment in the amount of \$30 will be charged to your account for all checks that are returned for any reason.

Players that are removed from Xtra Time for any reason, will not be refunded for tuition for the week in which the incident occurred. Players who are removed from camp for any reason will not be refunded for any add-ons that have been paid in advance.

Any photos/video footage taken while your child is at camp may be used for promotional purposes in print media and/or internet promotion. No financial compensation is available should such a picture/video be used.

Please make a copy of your Enrollment Contract(s) to keep for your records. A copy with your phone works best so your schedule is readily available

## PARENT/GUARDIAN AGREEMENT

I, the parent/guardian, of \_\_\_\_\_ have read the above Xtra Time Enrollment Contract which shall become my obligation to Sofive (XL) - LAKE NONA. I fully understand this obligation and the reasons for its implementation. By signing below, I am indicating that I have read and agree to abide by all policies listed in the Parent Handbook and Xtra Time Enrollment Contract.

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

Child's Name: \_\_\_\_\_ Boy/Girl \_\_\_\_\_ D/O/B: \_\_\_\_\_

Grade as of August 2024: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

\_\_\_\_\_ Returning Player \_\_\_\_\_ New Player \_\_\_\_\_ Sibling of Returning Player

Players Shirt Size (circle one): YS YM YL AS AM AL AXL

Child Lives With: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other

If other, please explain: \_\_\_\_\_

Referred by: \_\_\_\_\_ (Must be listed at time of Enrollment)

How did you hear about our program? \_\_\_\_\_

Please include a photo of your child for our records. You may also email a photo.

**(PLEASE INCLUDE  
CAMPER'S NAME ON THE BACK OF PHOTO**

Parent/Guardian (1) Name: \_\_\_\_\_ Home #: \_\_\_\_\_

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

Work #: \_\_\_\_\_ Ext.: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email: \_\_\_\_\_ (This email will receive all information and notices)

Parent/Guardian (2) Name: \_\_\_\_\_ Home #: \_\_\_\_\_

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

Work #: \_\_\_\_\_ Ext.: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email: \_\_\_\_\_ (This email will receive all information and notices)

**Please answer all the questions (1-5) below (Use additional paper if necessary)**

1. What does your child like to do in his/her free time?

\_\_\_\_\_

2. Describe how your child interacts with his/her peers: \_\_\_\_\_

3. Have there been any major changes in your family situation in the past year (family move, separation, divorce, death, new school, birth, etc.) If so, what effect did this have on your child?

\_\_\_\_\_  
\_\_\_\_\_

4. Is your child or family receiving any special help with emotional concerns or behavior at school or home? (Psychiatrist, counselor, social worker, etc.) If so, please explain. (Use additional sheet if necessary) \_\_\_\_\_

5. Is there anything else you would like us to know about your child that will aid us in helping him/her have a safe and enjoyable after school program? Any specific concerns about your child? (Use additional sheet if necessary) \_\_\_\_\_

HEALTH AND WELLNESS – Page 2 of 2 (One form per camper required)

Please Answer All Boxes (1-10) Below (Use additional paper if necessary)

1. In the event of an emergency, please have an ambulance take my child to:

\_\_\_\_\_

2. Has your child been identified as needing support or supplemental services during the school year in any of the following areas? Please check all that apply: \_\_\_\_\_ Academic \_\_\_\_\_ Behavioral (i.e. ADD/ADHD) \_\_\_\_\_ Speech/ Language \_\_\_\_\_ Personal/Social

Please describe the nature of these services: \_\_\_\_\_

Does your child have an EpiPen? \_\_\_\_\_ YES \_\_\_\_\_ NO

Does your child use an inhaler? \_\_\_\_\_ YES \_\_\_\_\_ NO

**ALLERGIES:** Is your child allergic to any medications, animals, or insect stings? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**FOOD ALLERGIES:** All players that have food allergies will be seated at a table designated for

food allergies. Please list any/all foods that your child is allergic to. Any items listed here will not be given to your child in any form.

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Please list any foods that you do not wish your child to have:

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Does your child take any daily medications?  YES  NO If yes, please list the medication and dosage:

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Does your child have any medical/physical restrictions?  YES  NO If yes, please explain:

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Does your child suffer from any of the following?

Asthma  Hearing Loss  Diabetes  Convulsions  Other  
If other, please explain:

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I certify that the health history information provided on this form is correct. My child has permission to engage in all activities and be transported from school to Sofive (XL) Lake Nona for the Xtra Time Program. If I cannot be reached in an emergency, I give permission to the physician selected by the camp to hospitalize and secure proper treatment for my child as named above. I will notify the Xtra Time Director if there are any changes to my child's medical information in writing.

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

## AUTHORIZATION FOR CHILD RELEASE

Child's Name: \_\_\_\_\_ Grade as of August 2024: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade as of August 2024: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade as of August 2024: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade as of August 2024: \_\_\_\_\_

In addition to the parents listed on the Health and Wellness form, Sofive (XL) Xtra Time requires that parents/guardians provide a list of authorized persons who may pick up their child from Sofive (XL) Xtra Time. The names of all authorized persons must be on file with the office prior to your child's attendance. Only authorized persons will be permitted to pick up children from the camp. To make changes to this form you may do so by emailing the Xtra Time Administrator. Please make sure that any person (including parents) picking up your child always has proof of identification. Any changes/additions to this list MUST be done in writing.

PLEASE NOTE: Under no circumstances will we release players to anyone who is not listed below.

I authorize the following individuals to pick up my child from Sofive (XL) Xtra Time:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Work #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Work #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_



Home/Work #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Work #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Work #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Work #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

**PARENT/GUARDIAN AGREES TO:**

I understand and agree that Sofive (XL) Xtra Time's staff may release my child at the end of the day only to the above-named individuals. I also understand that no one will be permitted to pick up my child without identification.

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

**BEHAVIOR MANAGEMENT POLICY**  
**(One form per Xtra Time family)**

Child's Name: \_\_\_\_\_ Grade as of August 2024: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade as of August 2024: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade as of August 2024: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade as of August 2024: \_\_\_\_\_

The Sofive (XL) Xtra Time wants all our campers to have a rewarding and memorable experience. For this to take place, there are a few rules campers are expected to follow. Please review the following rules and discipline measures with your child to ensure that he/she has a fun, positive, and most importantly, safe experience.

**Xtra Time Rules:**

1. Be kind and respectful to yourself, others, and Sofive (XL) property.
2. Listen and follow directions.
3. Keep hands, feet, all other body parts, and objects to yourself.
4. Be responsible for your personal belongings always
5. Leave expensive toys/cell phones at home. We are not responsible for the loss or theft of these items.
6. If you have a problem, always tell a counselor or a director immediately.
7. Adhere to COVID-19 rules and regulations

**Player Consequences:**

1. Redirection of player
2. Verbal warning or time-out
3. Visit to Xtra Time Director and phone call home (Child will speak to parents at that time)
4. If a second phone call is necessary, the child may be suspended from the program.
5. Parents will be notified in writing of the date the child will be permitted to return to Xtra Time.
6. In the event of severe, consistent, or excessive failure to follow the rules, the child will be suspended or removed from Xtra Time. Players must be picked up within 1 hour of parent notification.
7. There are no refunds, credits, or substitutions for any days a child has been suspended from camp.
8. If the player severely endangers the physical, mental, or emotional health of another individual, the camper will be expelled from the camp.
9. Sofive (XL) Xtra Time reserves the right to terminate a child's enrollment at our discretion.

**PARENT/GUARDIAN AGREEMENT:**

I, the undersigned, have carefully read and gone over the above rules and consequences with my child. I agree with the above policy and understand that in the event my child is suspended or expelled from Xtra Time for failure to follow the rules, I will not receive a refund for that time. If my child is removed from the program for any reason, I will not receive a refund for that week or for anything paid in advance. My contract will be terminated at the end of the week that the player was removed.

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