

Camp Days Attending:

Please check each day attending and circle ½ day information if applicable.

• **Full week**

• **Mon, March 15th**

Full Day AM PM

• **Tues, March 16th**

Full Day--Field Trip

• **Wed, March 17th**

Full Day AM PM

• **Thurs, March 18th**

Full Day--Field Trip

• **Fri, March 19th**

Full Day AM PM

Youth T Shirt Size:

XS S M L XL

Additional Authorized to Pick Up:

Olympic Hills Spring Break Camp Registration Form 2010

Please complete, detach, and submit to the gym office with a \$50 deposit.

Student Name: _____ Age _____ D.O.B. __/__/__ Male or Female

Student Name: _____ Age _____ D.O.B. __/__/__ Male or Female

Mother's Name: _____ Father's Name: _____

Address: _____ City/State/Zip: _____

Email: _____

Phone Numbers: Primary Contact Number: _____

Home: _____ Emergency: _____

Mother Cell: _____ Father Cell: _____

Mother Work: _____ Father Work: _____

Authorization for Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or persons in charge to take my child to the nearest medical facility.

Child's Physician: _____ Phone # _____

Any know medical problems/allergies: _____

Release of Liability

All precautions will be taken to prevent accidents. However, should an accident occur, first aid will be administered and parent or doctor will be notified, if deemed necessary. Olympic Hills Gymnastics and staff cannot be held liable for injuries that occur on gym premises or otherwise in the care of Olympic Hills personnel. I/We _____ assume all responsibility and hereby waive any claim for compensation for injury incurred by myself or my child while at Olympic Hills and agree to indemnify or hold harmless the gym, its owners, and employees against any and all claims which may arise from an injury to my child while participating in the program.

Olympic Hills Gymnastics uses photos of students, staff and visitors in promotional material including on its website. If you DO NOT want your child's face to appear, initial here _____ and we will make all reasonable attempts to avoid using your child's photos or to blur his/her face in photos.

Signature of Parent or Legal Guardian

Date

I have read the rules and policies on the back of this page and agree to abide by the guidelines stated there.

Signature of Parent or Legal Guardian

Date