



2019 SUMMER CAMP REGISTRATION

1. Student Name _____ Age _____ D.O.B. _____ M / F
Member Non Member Sibling

2. Student Name _____ Age _____ D.O.B. _____ M / F
Member Non Member Sibling

3. Student Name _____ Age _____ D.O.B. _____ M / F
Member Non Member Sibling

Mom's Name _____ Dad's Name _____

Mom's Cell Number _____ Dad's Cell Number _____

Street Address _____

City _____ Zip _____

Emergency Contact Name/Number _____

WEEKLY THEMES

Week #1

BOOT CAMP

June 10th—June 14th

Week #5

SUPER HEROES

July 8th—July 12th

Week #9

THROWBACK WEEK

August 5th— August 9th

Week #2

MAD SCIENCE

June 17th—June 21st

Week #6

AMERICA NINJA WARRIOR

July 15th—July 19th

Week #10

MINI OLYMPICS

August 12th— August 16th

Week #3

DISNEY

June 24th—June 28th

Week #7

STAR WARS

July 22nd—July 26th

Week #4

PARTY IN THE USA

July 1st—3rd & 5th
(Closed 4th of July)

Week #8

WELCOME TO THE CIRCUS

July 29th—August 2nd

**PLEASE COMPLETE
REVERSE SIDE**



Secondary Excess Coverage

Olympica Gymnastics Academy group insurance is "SECONDARY EXCESS COVERAGE" over any valid collectable coverage provided by the parent's separate or employees' dependent group insurance. This secondary excess accident medical insurance coverage has a \$100 deductible which Olympica Gymnastics Academy DOES NOT PAY in the event of an accident.

Permission Slip

I give permission for my child(ren) _____ to attend Olympica Gymnastics Academy. I confirm that my child is in good health and that he/she has had a physical exam within the last six months. In the event of an emergency I authorize and consent to any x-ray examination, anes-thetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff li-censed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authori-zation is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

Parent/Guardian/Adult Participant Signature _____ **Date** _____

Gym Policies (initial next to each):

_____ **Child Safety:** I understand that I am ultimately responsible for my child's behavior and safety while they are on the premises of Olympica Gymnastics Academy, including but not limited to all gym areas, parking lots, restrooms, waiting areas, etc.

_____ **Registration & Late Fees:** I understand that there is an annual registration/insurance fee of \$10.00 for non-member camp participants (campers not enrolled in Olympica classes). I understand there is a \$1.00 per minute charge for late pickups after the 11:30 AM session or 3:00 PM afternoon / full day session of camp. *Extended care may be reserved with 48-hour advance notice only.*

_____ **Payment:** I understand that reservations for camp are only made with advanced payment in full. Accepted forms of payment include cash, check or debit cards bearing a Visa or MasterCard logo and that credit card is not accepted for payment.

_____ **Missed Camp:** I understand there is no credit, make-up, or refund given for missed camp, and that camp days are not transferrable.

_____ **Cancellation of Camp:** I understand that a minimum *7 days advance notice* is required when canceling camp days in order to receive refund, full or partial. *Cancellation is made via email to accounting@olympicagymnastics.com only.*

_____ **Friday Camp:** I understand that *every* Friday afternoon camp is Movie Day from 12:30 to 2:30 PM.

_____ **Photo & Video:** I understand that all photos and videos taken during camp and related Olympica events may be used (without full names) for print and digital marketing purposes, including but not limited to the Olympica website, Facebook page, Instagram page, and other social media. Photos and videos photos will gladly be removed from the aforementioned upon written request made to: *info@olympicagymnastics.com only.*

Release of Liability Waiver

Name of parent(s), guardian(s) and/or adult participant(s) _____
I (we) despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate the risks , including the risk of catastrophic injury, as well as other damages and losses associated with participation in the programs or activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors and the administers, do waive and release any and all rights and claims for damages against Olympica Gymnastics Academy, its owners, operators, coaches, and other members, from personal injury or accident of any sort or nature, minor or catastrophic, suffered by me (us), the undersigned, my child(ren), or the child(ren) under my guardianship, by reason of partici-pation or membership in camp, classes, lessons, or any programs or activities of or associated with Olympica Gymnastics Academy.

Parent/Guardian/Adult Participant Signature _____ **Date** _____