EXPLYMPICA 2022 SUMMER CAMPSymnastics REGISTRATION

1. Student Name M / F	Age	D.O.B	Mem / Non Mem	
2. Student Name M / F	Age	D.O.B	Mem / Non Mem	
3. Student Name M / F	Age	D.O.B	Mem / Non Mem	
Mom's Name	Phone	Phone		
Dad's Name	Phone			
Street Address	City		Zip	
Email	Medical Conditions / Allergies:			
Emergency Name	Relationship	Emerge	ency #	

WEEKLY THEMES

Week #1
Disney Week

June 6th—June 10th

Week #2 Color Wars

June 13th—June 17th

Week #3 Ninja Warrior

June 20th—June 24th

Week #4
Party in the USA
June 27th—July 1st

Week #5
Into the Jungle
July 5th—July 8th

Week #6
Star Wars: Jedi Academy
July 11th—July 15th

Week #7
Out of this World
July 18th—July 22nd

Week #8
Aloha Week
July 25th - July 29th

Week #9
Welcome to the Circus
August 21st– August 5th

Week #10
Under the Sea
August 8th– August 12th



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				
give permission for my child(ren)	to attend Olympica Gymnastics Academy.			
consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a clice Act and on the staff of any acute general hospital holding a current license to operate a hospital Health. It is understood that this authorization is given in advance of any specific diagnosis, treatrivide authority and power to render care which the aforementioned physician in the exercise of his that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but undersigned cannot be reached. This authorization is given pursuant to the provisions of section 2	Dentist licensed under the provisions of the Dental Pracal from the State of California Department of Public nent, or hospital care being required but is given to probest judgment may deem advisable. It is understood that any of the above treatment will not be withheld if the			
Parent/Guardian/Adult Participant Signature	Date			
Gym Policies (initials required next to each in order to complete enrollment):				
Child Safety: I understand that I am ultimately responsible for my child's behavior and Gymnastics Academy, including but not limited to all gym areas, parking lots, restrooms, wait				
Registration & Late Fees: I understand that there is an <u>annual</u> 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 injury, as well as other damages and losses associated with participation in the programs or such risks. Consequently, I (we) hereby for myself, heirs, executors and the administers, do damages against Olympica Gymnastics Academy, its owners, operators, coaches, and other or nature, minor or catastrophic, suffered by me (us), the undersigned, my child(ren), or the opation or membership in camp, classes, lessons, or any programs or activities of or associated	activities. I (we) knowingly and willingly assume all waive and release any and all rights and claims for members, from personal injury or accident of any sort hild(ren) under my guardianship, by reason of partici-			
Parent/Guardian/Adult Participant Signature	Date			