



2026 SUMMER CAMP REGISTRATION

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

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

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

Mom's Name _____ Phone _____

Dad's Name _____ Phone _____

Street Address _____ City _____ Zip _____

Email _____ Medical Conditions / Allergies: _____

Emergency Name _____ Relationship _____ Emergency # _____

WEEKLY THEMES

SUMMER CAMP

Week #1

Adventure Island

June 8th—June 12th

Week #2

Mystery Week

June 15th—June 19th

Week #3

Storybook Adventures

June 22nd—June 26th

Week #4

Celebrations in the Summer

June 29th—July 3rd

Week #5

Ocean Week

July 6th—July 10th

Week #6

Lights, Camera, Action!

July 13th—July 17th

Week #7

Superhero Academy

July 20th—July 24th

Week #8

Planets, Stars & Rockets

July 27th - July 31st

Week #9

Kidchella

August 3rd– August 7th

Week #10

Summer Splash

August 10th– August 14th

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 \$500 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, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed 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 authorization 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 while they are on the premises of Olympica Gymnastics Academy.

_____ **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, regardless of illness 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 a **50% refund**. *Cancellation is made via phone or email to info@olympicagymnastics.com.*

_____ **Friday Camp:** I understand that **EVERY** Friday afternoon camp is Movie Day from 12:30 to 2:00 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 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 administrators, 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 participation or membership in camp, classes, lessons, or any programs or activities of or associated with Olympica Gymnastics Academy.

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

