

# OLYMPIA GYMNASTICS CAMP

PLEASE PRINT THIS FORM, COMPLETE IT & BRING IT WITH YOU TO CAMP

(You will not be admitted to camp without this completed form)

Camper: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mom Cell: \_\_\_\_\_ Dad Cell: \_\_\_\_\_

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

Phone Number While at camp: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

## HEALTH & GENERAL HISTORY

If camper should be restricted from any activity please let us know \_\_\_\_\_  
\_\_\_\_\_

If camper is to be under medication please make arrangements and let us know. We need name of drug and dosage: \_\_\_\_\_

If camper has any medical condition or medical history that would require special attention please let us know: \_\_\_\_\_

I hereby certify that the named camper is physically able to participate in the Olympia Gymnastics Camp. I also certify that all of above is true and correct.

Parent or Guardian signature \_\_\_\_\_

Date: \_\_\_\_\_

## HEALTH INSURANCE INFORMACION

Insurance company \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Holder DOB: \_\_\_\_\_

Policy Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, the parent (or Guardian) of \_\_\_\_\_, give to OGC permission to provide emergency medical or surgical treatment and/or hospitalization if all contacts above failed to respond. I understand that every attempt will be made to contact parents or guardians or any other contact listed above. I hereby waive and release the staff, camp management, hosting gym, sponsors from any liability for any injury or illness incurred while attending camp. I UNDERSTAND THAT GYMNASTICS IS A SPORT WHERE THERE IS A HIGH RISK OF INJURY. I understand that all campers must be covered by their own medical insurance and all medical expenses incurred will the responsibility of the camper of the camper's family. In lieu of a medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would be affected by the named camper's participation in the camp program, as outlined in the camp brochure, which I have read.

Olympia Gymnastics Camp is not responsible for personal items that are lost, stolen or damaged.

I also understand that camp retains the right to use any photographs, videos, motion picture recordings or any other media of this event for the publicity, advertising or any legitimate purpose.

\_\_\_\_\_  
Parent or Guardian please sign

\_\_\_\_\_  
Date