

# STUDENT INFORMATION & WAIVER FORM

## Olympia Hills Gymnastics

FNF  Parent Tot  Birthday Party

Student: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ D.O.B. \_\_/\_\_/\_\_

Student: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ D.O.B. \_\_/\_\_/\_\_

Student: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ D.O.B. \_\_/\_\_/\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

### Phone Numbers:

Home: \_\_\_\_\_

Mother's Cell : \_\_\_\_\_

Mother's Work: \_\_\_\_\_

Father's Cell: \_\_\_\_\_

Father's Work: \_\_\_\_\_

Emergency : \_\_\_\_\_

### 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.

Signature of parent or legal guardian: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Any known medical problems: \_\_\_\_\_

### 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 necessary. Olympic Hills Gymnastics and staff cannot be held liable for injuries that occur on gym premises or other wise in the care of Olympic Hills personnel.

I/We \_\_\_\_\_ assume all responsibility and waive any claim for compensation for injury incurred by my child while at Olympic Hills Gymnastics and hereby 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. I have read and agree to abide with all the guidelines.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

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