

OLYMPIC WARRIOR GYMNASTICS COMPETITIVE TEAM CAMP
June 3-5, 2010

Last Name: _____ First Name: _____ MI: _____
Address: _____ City: _____ State: _____ Zip: _____
Email address: _____
Home Phone (_____) _____ School: _____ Training Level: _____
Gym: _____ Coach: _____
Father: _____ Home Phone: (_____) _____ WK Phone: (_____) _____
Mother: _____ Home Phone: (_____) _____ WK Phone: (_____) _____
Another emergency contact: _____ Phone: (_____) _____

**THE ENTIRE BOTTOM PORTION MUST BE COMPLETED
BEFORE REGISTRATION IS ALLOWED**

HEALTH INFORMATION

Insurance Company _____ Policy Number _____
Medications camper will bring _____

Medical Problems _____ Known Allergies _____

Note: It is important, if any injury or illness occurs, that your health insurance policy number and name of the company is readily available to the camp director. Please send this information with your daughter's application form. Also, please send us a front and back photocopy of your insurance I.D. card to help us with the procession of insurance forms.

Payment Option

***Note: \$75.00 non-refundable deposit must be made at time of registration to ensure athletes spot in the camp. The other portion of payment may be paid no later than June 3rd, 2010.**

_____ Check included with registration for \$ _____

_____ Cash included with registration for \$ _____

_____ Credit Card for \$ _____

- Type: MasterCard Visa
- Number: _____
- Exp. Date: _____
- Security Code: _____
- Zip Code: _____

PLEASE COMPLETE BOTH SIDES OF THE APPLICATION

Olympic Warrior Gymnastics Academy
4099 Old Highway 11
Purvis, MS 39475
Phone # 601-579-4826
Fax # 601-450-4278
coachkatie@owgagymnastics.com

Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment

In consideration of being allowed to participate in this camp, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Olympic Warrior Gymnastics Academy, their officers, servants, agents, or employees (hereinafter referred to as RELEASEE) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by me/my child, or to any property belonging to me/my child, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE, or otherwise, while participating in this camp, or while in, on or upon the premises where the camp is being conducted. To the best of my knowledge, I/my child am/is in good physical condition and I am not aware of any physical infirmity which would place me/my child at risk to participate in any way with the camp's activities. I am fully aware of risks and hazards connected with this camp. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OR LOSS, PROPERTY DAMAGE OR PERSONAL INJURY that may be sustained by me/my child, or any loss or damage to property owned by me/my child, as a result of being engaged in the camp's activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEE, or otherwise. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEE from any loss, liability, damage or cost, including court costs and attorney's fees, that may accrue related to my/my child's participation in the camp, WHETHER CAUSED BY NEGLIGENCE OF RELEASEE or otherwise.

During the period of camp, I hereby give permission for the staff of the Olympic Warrior Competitive Gymnastics Camp staff to administer appropriate medical attention to me/my child in the event of an accident, illness, or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND CONVENANT NOT TO SUE the above-named RELEASEE. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement/consent to Medical Treatment shall be construed in accordance with the laws of the State of Mississippi. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT AND INDUCEMENT.

Participant's Printed Name Signature Date
(If eighteen (18) years of age)

Parent's Printed Name Signature Date