

# Olympia Hills After School Program Registration Form

*Please complete, detach, and submit with your \$45 registration fee.*

Student Name: \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ M or F  
Student Name: \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ M or F  
Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

Phone Numbers: Primary Contact Number: \_\_\_\_\_  
Home: \_\_\_\_\_ Emergency: \_\_\_\_\_  
Mother Cell: \_\_\_\_\_ Father Cell: \_\_\_\_\_  
Mother Work: \_\_\_\_\_ Father Work: \_\_\_\_\_

Please circle days to be picked up:

Every Day OR Mon Tues Wed Thurs Fri

Please circle a campus:

Menchaca

Baranoff

## 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.

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

Any known medical problems/allergies: \_\_\_\_\_

## 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 deemed necessary. Olympic Hills Gymnastics and staff cannot be held liable for injuries that occur on gym premises or otherwise in the care of Olympic Hills personnel. I/We \_\_\_\_\_ assume all responsibility and hereby waive any claim for compensation for injury incurred by myself or my child while at Olympic Hills and 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.

Olympic Hills Gymnastics uses photos of students, staff and visitors in promotional material including on its website. If you DO NOT want your child's face to appear, initial here \_\_\_\_\_ and we will make all reasonable attempts to avoid using your child's photos or to blur his/her face in photos.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date