

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:

Buda-Upper or Lower Elm Grove Negley Science Hall Fuentes
Ralph Pfluger Tom Greene Carpenter Hill

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