



OLYMPIA GYMNASTICS CAMP

No Insurance Release Form

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.

I, _____ the parent (or Guardian) of _____, grant permission to participate in the Olympia Gymnastics Camp all physical activities and waiving all requirements for private insurance. OGC retains 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 and all 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 be the responsibility of the camper or 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 information, which I have read.

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

Participant/Gymnasts please sign

Date

Parent or Guardian please sign

Date