



250 Sheffield St. • Mountainside, NJ 07092 • Phone (908)514-0449  
www.olympikagymnastics.com

### Parents Night Out/ Day Camp Enrollment

Student's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ School: \_\_\_\_\_  
Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Special Medical Problem(s): \_\_\_\_\_  
Who to contact in case of emergency (other than parent): \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Father/Mother: \_\_\_\_\_

#### WAIVER

I/We the parent(s) of \_\_\_\_\_ (or legal guardian if under age of eighteen (18) realize and acknowledge that gymnastics is a physical activity involving potential risk to the participant and agrees to hold harmless and indemnify Olympika Gymnastics, its instructors, employees, officers, directors and agents from any and all claims. Any special medical conditions which might affect our child's participation in gymnastics have been indicated.

**MEDICAL RELEASE:** I give permission for Olympika Gymnastics staff to give my child first aid or to be transported to a hospital to receive emergency medical treatment.

**\*AGREED TO BY (parent/guardian)** \_\_\_\_\_ **Date** \_\_\_\_\_