



# Emergency Form & Student Waiver

This completed form can be turned in to our office staff when doing in-person enrollment or on the first day of classes. This form is only needed for students who are new to the program. We have emergency information on file for all returning students.

**Yes I verify that I am the parent / guardian of the children I list on this form**

**Have you ever had a child enrolled at Olympia in the past?**       **Yes**       **No**

*PLEASE PRINT CLEARLY*

**Parents First Name(s):** \_\_\_\_\_ & \_\_\_\_\_ **Last Name(s):** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** (     ) \_\_\_\_\_ - \_\_\_\_\_

**Cell Phone#1:** (     ) \_\_\_\_\_ - \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Cell phone#2:** (     ) \_\_\_\_\_ - \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Emerg./Alt.#:** (     ) \_\_\_\_\_ - \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

Student(s) First & Last Name	Birth Date	Gender	Special Needs
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#1 \_\_\_\_\_ (    /    /    )    M / F    \_\_\_\_\_

#2 \_\_\_\_\_ (    /    /    )    M / F    \_\_\_\_\_

#3 \_\_\_\_\_ (    /    /    )    M / F    \_\_\_\_\_

## Waiver & Release

I have read and understood Olympia’s policies and procedures. As a parent or legal guardian of \_\_\_\_\_, I give my consent for my child / children to participate at Olympia Gymnastics, Inc. I understand that participation in gymnastics, trampoline, dance and related activities may result in unavoidable injuries due to the heights and motion involved. These injuries may include muscle strains and tears, broken bones, and severe injuries such as permanent paralysis or even death.

As a parent or legal guardian, I agree to provide health insurance for the minor child or guarantee payment of any medical expenses accrued as a result of training, performing, or participation in activities of Olympia Gymnastics, Inc.

As consideration for allowing the above named minor child to participate in activities with Olympia Gymnastics, Inc. I waive any and all rights or course of action against Olympia Gymnastics Inc. for any injuries suffered by my child and other damages suffered by the child or myself while under the supervision or control of Olympia Gymnastics, Inc. and it’s employees.

This acknowledgement of risk and Waiver of Liability has been read by me and understood completely and signed voluntarily. I am 18 years of age or older.

\_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Date**