

# Olympia Gymnastics

## Application

Child's Name \_\_\_\_\_ M or F Age \_\_\_\_ Birthday \_\_\_\_\_

Child's Name \_\_\_\_\_ M or F Age \_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Father \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_ Email (2) \_\_\_\_\_

**Email is the primary form of communication.** Please provide an email you check regularly. Print clearly.

**Emergency Contacts:** Only list people who are authorized to pick up your child as well.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Specify any past or present medical, physical or psychological conditions that we should know about:

List any allergies \_\_\_\_\_ Current Insurance Carrier \_\_\_\_\_

### PARTICIPATION RELEASE & PERMISSION FOR MEDICAL TREATMENT

By giving permission for the above child/children to participate in the Olympia Gymnastics classes, special events, or other included activities; I acknowledge the fact that participation in gymnastics involve a certain degree of RISK ranging from minor to catastrophic in nature, including paralysis and even death.

In the event of an accident or illness, I authorize any Olympia Gymnastics staff member to take the necessary steps regarding emergency treatment for the undersigned participant, including first aid, and calling of ambulance service or transportation to the hospital.

I further authorize the hospital facility and staff to treat the undersigned participant for any injury or illness he/she has. It is understood that a conscientious effort will be made to locate one or both parents/legal guardians before any action will be taken, but if it is not possible to locate either parent/legal guardian, medical expenses will be accepted and paid for by the participant's parent(s). We understand that Olympia Gymnastics does NOT provide insurance for the student and will not pay any expenses incurred by the student.

It is the intention of the undersigned participant by this document to relieve Olympia Gymnastics and its owners or any of its officers, agents, servants, or employees from any responsibility from personal injury, property damage, or wrongful death whether caused by negligence, carelessness, or otherwise, of the persons or entities mentioned above.

We the undersigned understand that Parent/Legal Guardian and Participant assume all risks inherent in Olympia Gymnastics' activities whether known or unknown, and that by signing this document the undersigned parent/legal guardian and participant are giving up their right to sue Olympia Gymnastics and/or its owners, whether caused by negligence of said persons or entities.

The undersigned voluntarily signs their names evidencing their acceptance of the above provisions and further agree that no oral representations, statements, or inducements apart from this agreement have been made.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS.

This Waiver and Assumption of Risk is effective beginning on the date signed below, or retroactively to the time the relationship between Olympia Gymnastics and the participant began, and may not be invoked, altered, rescinded or violated without the express prior written consent of Trista D. Frazor.

\_\_\_\_\_  
Signature of Parent/ Legal Guardian

\_\_\_\_\_  
Date

Previous Childcare Provider: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

How did you hear about Olympia Gymnastics? \_\_\_\_\_

## WAIVER AND ASSUMPTION OF RISK

The undersigned Participant and Parent/ Legal Guardian, voluntarily makes and grants this Waiver and Assumption of Risk in favor of Olympia Gymnastics as partial consideration (in addition to monies paid to Olympia Gymnastics) for the opportunity of the Participant to use the facilities , equipment, materials, and/or assets of Olympia Gymnastics; and /or to receive assistance, training, guidance, tutelage, and/or instruction from the personnel of Olympia Gymnastics, and/or to engage in the activities, events, sports, festivities, and/or, gatherings sponsored by Olympia Gymnastics; the undersigned Participant and Parent/Legal Guardian hereby waive and release any and all claims whether in contract or of personal injury, bodily injury, property damage, damages, losses, and/or death that may arise from the participant's aforementioned use or receipt, as the Undersigned understand and recognize that there are certain risk, dangers, and perils connected with such use and/or receipt, which the Undersigned hereby acknowledge have been fully explained to me and which the Undersigned fully understand, and which the Undersigned nevertheless accept, assume, and undertake after injury and investigation of extent, duration, and completeness wholly satisfactory and acceptable to me.

The Undersigned agrees, for himself/herself, his/her family, his/her heirs, executors, administrators, and/or assigns, and voluntarily release, discharges, and promises not to sue Olympia Gymnastics, or any of its owners, officers, agents, servants, or employees for any and all claims for personal injury, property damages, or wrongful death occurring to himself/herself arising from engaging (receiving instruction) in gymnastics or any activities incidental thereto wherever or however it may occur and for whether it is caused by the negligence or carelessness, or otherwise, of the persons or entities conducting or sponsoring the event.

On behalf of the participant and individually, the Undersigned Parent/Legal Guardian(s) for the minor Participant executes this Waiver. If, despite this release, the Participant makes a claim against Olympia Gymnastics, the owner of, or any of their officers, agents, servants, or employees the Parent/Legal Guardian agrees that he/she: (1) will reimburse/indemnify Olympia Gymnastics and its owners, or their insurance company for any money which they paid to the Participant; (2) will reimburse/indemnify them or their insurance company for any reasonable cost incurred, including attorney's fees; and (3) will hold them harmless.

The minor Participant further agrees and promises to hold harmless and indemnify Olympia Gymnastics and its owner or any of its officers, agents, servants, or employees from all deferred cost, including attorney's fees, or from any other cost incurred in connection with claims for personal injury, property damage, or wrongful death which the Participant may negligently or intentionally cause to other third parties in the course of participating in Olympia Gymnastics activities.

If any portion of this agreement is held invalid, it is agreed that the balance thereof shall continue in full legal force and effect.

It is the intention of the Undersigned participant by this document to relieve Olympia Gymnastics and its owner or any of its officers, agents, servants, or employees from any responsibility from personal injury, property damage, or wrongful death whether caused by negligence, carelessness, or otherwise, of the persons or entities mentioned above.

We the Undersigned understand that the Parent/Legal Guardian and Participant assume all risks inherent in Olympia Gymnastics activities, whether known or unknown, and that by signing this document the Undersigned Parent/Legal Guardian and Participant are giving up their right to sue Olympia Gymnastics and/or its owners, whether caused by negligence of said persons or entities.

The Undersigned voluntarily signs their names evidencing their acceptance of the above provisions and further agree that no oral representations, statements, or inducements apart from this agreement have been made.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS.

This Waiver and Assumption of Risk is effective beginning on the date signed below, or retroactively to the time the relationship between Olympia Gymnastics and the student began, and may not be invoked, altered, rescinded or violated without the express prior written consent of Trista Frazor.

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(Signature of parent or legal guardian)

(Date)

\_\_\_\_ Recitals are mandatory for participation in any Olympia Gymnastics Program. There are additional fees associated with the recital that will be due by the published date.

\_\_\_\_ I am aware the parking lot is not maintained by Olympia Gymnastics but by the landlord, state and/or local offices and I am entering and exiting the parking lot at my own risk.

### Publicity Waiver

I, \_\_\_\_\_, parent and/or legal guardian of \_\_\_\_\_ consent to Olympia Gymnastics and/or Olympia Gymnastics and Cheerleading Booster Club utilizing any and all photographs, video and/or audio tapes, and/or any other representations thereof for the purpose of promotion and marketing (including, but not limited to; website, newspaper, and any other promotional materials). By this authorization, I understand and agree that no participant shall receive remuneration and that all rights, title and interest to photos, video, or tapes and use of them belongs to Olympia Gymnastics and/or Olympia Gymnastics and Cheerleading Booster Club.



# eCheck and Credit Card Authorization Form

I authorize Olympia Gymnastics to initiate either an electronic debit, to create and process a demand draft against my bank account or charge my credit card according to the terms outlined below. I acknowledge that the origination of ACH or Credit Card transactions to my account must comply with the provisioning of United States law.

### Terms of Billing

- One time on \_\_\_\_\_ for the amount of \_\_\_\_\_.
- Reoccurring payment starting on \_\_\_\_\_ and every Friday of each week prior to care following through \_\_\_\_\_ for the amount of \_\_\_\_\_ + \$1.00 fee per week.

√ Upon Registration and subsequently debited for the amount owed to Olympia Gymnastics for Tuition/Fees which remain unpaid after Thursday of each week. I also authorize debit requests over the phone. \$1.00 fee applies each occurrence.

### Bank Information (must include a voided check)

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type: \_\_\_ Checking \_\_\_ Savings, \_\_\_ Consumer \_\_\_ Business

### Credit Card Information (must include a copy of the front and back of card)

Name on Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

This payment authorization is to remain in full force and effect until I, \_\_\_\_\_, notify Olympia Gymnastics of its cancellation by sending written notice in such time and in such manner to allow both Olympia Gymnastics and the receiving financial institution a reasonable opportunity to act on it. NSF and/or Decline of Credit Card for any reason will be subject to a \$35 non-refundable fee.

Customer Signature: \_\_\_\_\_

Customer Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_