

OCEAN STATE SCHOOL OF GYMNASTICS CAMP WAIVER FORM

PARENT / GUARDIAN \_\_\_\_\_

CONTACT # \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_

PARENT / GUARDIAN \_\_\_\_\_

CONTACT # \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_

EMERGENCY CONTACT INFO / AUTHORIZED TO PICK UP MY CHILD(REN)

EMERGENCY CONTACT #1 \_\_\_\_\_

RELATIONSHIP : \_\_\_\_\_ CONTACT # \_\_\_\_\_

EMERGENCY CONTACT #2 \_\_\_\_\_

RELATIONSHIP : \_\_\_\_\_ CONTACT # \_\_\_\_\_

EMERGENCY CONTACT #3 \_\_\_\_\_

RELATIONSHIP : \_\_\_\_\_ CONTACT # \_\_\_\_\_

Club Waiver and Release:

I give permission for my child to participate in gymnastics or swimming at the Ocean State School of Gymnastics Center. I understand that gymnastics, and swimming can be dangerous. I accept that any activity involving motion, height, or water activity can cause serious or catastrophic injury. The above named participants have had a medical examination within the last twelve months and are physically, mentally and emotionally capable of participating in athletic activities. Participants are expected to carry their own accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury while my child is at OSSG. In the event of injury or illness, every effort will be made to contact the parents or guardian. If necessary, I authorize emergency medical treatment for any of the above named family members if he/she should be injured while participating in one of your programs. I understand that an effort will be made to contact me prior to treatment. If I cannot be reached, or the emergency person cannot be reached I give my permission to the emergency medical technician staff, the hospital and the attending physicians to render emergency care. I also understand that the hospital will continue to attempt to reach me or a designated guardian until one of us has been contacted.

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OCEAN STATE SCHOOL OF GYMNASTICS CAMP REQUEST FORM  
CREDIT CARD AUTHORIZATION FORM**

I, (PRINT) \_\_\_\_\_ give permission to the OSSG CENTER to charge my credit card for the purpose of CAMP and MISC CAMP charges (ie Early Drop Off, Late Pick up, Food) for the following weeks of camp.

Weekly: \$375 MEMBERS and \$425/NON MEMBERS (Early and Late Pick Up: \$10/hr)

CHILD NAME	DOB	MEDICATIONS, ALLERGIES, DISABILITIES OR OTHER CONCERNS

	REQUEST WEEKS (YES/NO)	EARLY DROP OFF 8am (Which Days Needed?)	LATE PICK UP 4pm or 5pm (Which Days Needed?)	OFFICE USE ONLY
WEEK 1, 6/19-6/23				
WEEK 2, 6/26-6/30				
WEEK 3, 7/3-7/8				
WEEK 4, 7/10-7/14				
WEEK 5, 7/17-7/21				
WEEK 6, 7/24-7/28				
WEEK 7, 7/31-8/4				
WEEK 8, 8/7-8/11				
WEEK 9, 8/14-8/18				
WEEK 10, 8/21-8/25				

\* Flotation Device For Swimming: All Campers under 54 inches are required to wear a flotation device.

CREDIT CARD #	
CARD EXP DATE	
CVC	
SIGNATURE	
DATE	

