



Owego Gymnastics and Activity Center Summer Fun Weeks

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Welcome to Owego Gymnastics & Activity Center's Drop & Dine program. We are delighted to have you with us for this program.

Please mark any allergies, medical issues, or anything you think we should know, even if it might not be related to physical activity. We cannot be responsible for giving any child medication. If your child requires medication any time you will need to make arrangements for them to receive the medication. Please let us know what the arrangements will be ahead of time.

Drop & Dine

Name of Child: _____

Name of 2nd Child: _____

Age of Child _____

Age of 2nd Child _____

(If more children attending please put on back with name and age.)

Allergies or medical conditions we should be aware of (Please specify which child if more than one):

Parent/Guardian Name _____

Email address: _____ City, State Reside: _____

Phone #: _____

Emergency Contact: _____ Phone: _____

I, _____ parent/guardian of _____, hereby give permission for the above child to participate at Owego Gymnastics and Activity Center and all activities associated with the program attended at the Center. I understand that all activities are done at the participant's own risk, without liability to this Center, its officers or instructors and I intend this statement to take effect as a sealed instrument.

Signature of parent: _____ Date: _____

Parents Release Form Media Recording I grant permission to Owego Gymnastics and Activity Center to use the image of my child, _____, in materials that include, but may not be limited, to brochures and newsletters press releases and social media. **Yes/No (absence of circle or signature is acceptance)**

Parent/guardian signature _____

Date _____