



## Primary Gym Program offered at St. Viator Gymnasium

The first and the third Saturday of each month starting November 7<sup>th</sup>  
through April 17, 2010

8:30-10:00am

Cost is \$20.00 per family for the year

Come out with your children ages Pre-K through 3<sup>rd</sup> grade for some sports activities!!  
Basketball, Baseball, Soccer, Scooters, Hockey, Parachute

If you have questions please contact **Brian Downes 312-402-8338**  
*Gym location- Corner of Kedvale and Waveland*

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Family Name: \_\_\_\_\_

Child(ren)'s name(s) and age(s): \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a current St. Viator Family? \_\_\_yes \_\_\_no

The following insurance release form must be completed by every family to participate in Primary Gym. The forms are also available online at the gym.



## St. Viator Primary Gym Insurance Information 2009-2010

Family Name: \_\_\_\_\_

Child(ren)'s Name, Age, Grade:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

### **I agree to the following conditions:**

I agree to participate in one of the following insurance coverage options:

\_\_\_\_\_ I have enrolled my child(ren) in the Student Accident Insurance provided through St. Viator School.

\_\_\_\_\_ Through my own insurance, I have adequate coverage for any and all athletic injuries. I also agree to notify the program supervisor should my coverage change at any time during the program.

**Insurance Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**The Primary Gym program is intended to provide a safe and fun environment for kids and parents to play and explore new sports activities. Parents/guardian must accompany children.**

I agree to provide the following Emergency and Health information:

Adult to contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Special Health/Physical conditions, if any: \_\_\_\_\_

If you or the above named individual cannot be reached, and in the judgment of the program Supervisor, immediate medical care is indicated: Do you authorize the program supervisor to summon emergency medical attention (911)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you give permission for your child(ren) to be photographed for our website and/or print advertising of our Primary Gym Program?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Signature of Parent/Guardian: \_\_\_\_\_

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