

# KiDS body shop GYMNASTICS REGISTRATION

PARENT FIRST \_\_\_\_\_ LAST \_\_\_\_\_

CELL \_\_\_\_\_ (MOM/DAD HOME \_\_\_\_\_ WORK \_\_\_\_\_ (MOM/DAD)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ Texting? Y / N \_\_\_\_\_

Note your child(ren)'s medical/behavior problems or fears which we should be aware of? \_\_\_\_\_

**Due to insurance regulations, every person entering the main facility must read the following waiver and sign below as an acknowledgement that he/she understands the following agreement:**

I acknowledge that by participating in the gym activities and/or by moving around in the gym, with its equipment and possible uneven surfaces, there is a risk of injury. I acknowledge that I accept the risk and waive the option to sue should I, or any minors I am responsible for, incur an injury. By waiving the option to sue, I also thereby release **KiDS body shop and Omega**, its agents and employees, from liability for such injury.

\_\_\_\_\_  
Parent/Guardian's Signature

## Student 1:

First \_\_\_\_\_ Last \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age \_\_\_\_\_ Sex: M/F

CLASS CHOICE (Day & Time) \_\_\_\_\_

May 2016 KiDS body shop student?  Former?  New?

I am registering for:

**Session 1**                      **Session 2**  
**May 30 - June 22\***            **June 26 - July 20\*\***  
\* MONDAY CLASSES ON MAY 29 WILL MEET FRIDAY, JUNE 2, SAME TIME.  
\*\*TUESDAY CLASSES ON JULY 4 WILL MEET ON FRIDAY, JULY 7, SAME TIME.

## Student 2:

First \_\_\_\_\_ Last \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age \_\_\_\_\_ Sex: M/F \_\_\_\_\_

CLASS CHOICE (Day & Time) \_\_\_\_\_

May 2016 KiDS body shop student?  Former?  New?

I am registering for:

**Session 1**                      **Session 2**  
**May 30 - June 22\***            **June 26 - July 20\*\***  
\* MONDAY CLASSES ON MAY 29 WILL MEET FRIDAY, JUNE 2, SAME TIME.  
\*\*TUESDAY CLASSES ON JULY 4 WILL MEET ON FRIDAY, JULY 7, SAME TIME.

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

Class Fee(s) Due:  
Student 1 Fee            \$ \_\_\_\_\_

Student 2 Fee  
(Less \$5/Session)      \_\_\_\_\_

**Total Class Fee**                      \$ \_\_\_\_\_

Annual Registration Fee \$30/Student/Year:

**Student 1:**                      \$ \_\_\_\_\_

**Student 2:**                      \$ \_\_\_\_\_

**TOTAL PAYMENT**                      \$ \_\_\_\_\_

**CHECKS PAYABLE TO:**  
**KIDS BODY SHOP**  
**(Credit/debit cards not yet accepted)**  
1217-19 North Monroe - Papillion 68046  
**402.339.4009**

## OFFICE USE ONLY:

Date Rec'd/Init: \_\_\_\_\_ Mail/Person/Box            Code: \_\_\_\_\_ / \_\_\_\_\_            Roster  WL