

SWIMMING REGISTRATION Note: Make-up swim classes will be limited to three (3) absences/session/child

PARENT FIRST _____ LAST _____
PHONE: CELL _____ MOM/DAD HOME: _____ WORK : _____ (MOM/DAD)
ADDRESS _____ CITY _____ ZIP _____
E-MAIL _____ Texts: 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 acknowledgment that he/she understands the following agreement:

I acknowledge that by participating in the pool and/or gym activities and/or by moving around in the pool and/or 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 its agents and employees, from liability for such injury.

Parent/Guardian 's Signature

Student 1: First _____ Last _____ Sex M/F _____
Birth Date: _____ Age _____ Prior **KIDS** Gym/Swim Student Y/N _____
CLASS CHOICE (Day & Time) _____
Session Dates: _____

Student 2: First _____ Last _____ Sex M/F _____
Birth Date: _____ Age _____ Prior **KIDS** Gym/Swim Student Y/N _____
CLASS CHOICE (Day & Time) _____
Session Dates: _____

Start Date: _____

SWIM FEE: Student 1: \$ _____
Student 2: (Less \$5) _____
Class Fee Total \$ _____
Annual Registration Fee (\$30/Student/Year)
Student 1: \$ _____
Student 2: \$ _____
TOTAL AMOUNT DUE \$ _____

Checks payable to: **KIDS body shop**
(CREDIT/DEBIT CARDS NOT YET ACCEPTED)
Mail to: 1217-19 North Monroe - Papillion, NE 68046

OFFICE USE ONLY:

Date Rec'd/Init: _____ Mail/Person/Box Code: _____ / _____ Roster