

KiDS GYMNASTICS REGISTRATION – AUGUST 29, 2011 - MAY 19, 2012. You must notify our office before the monthly tuition is due if you wish to terminate your enrollment any time before May, 2012.

***NEW REGISTRATIONS WILL BE ACCEPTED AT ANY TIME, CLASS SPACE PERMITTING**

PARENT LAST _____ FIRST _____ E-MAIL _____
 ADDRESS _____ CITY _____ ZIP _____
 PHONE: DAY _____ MOM/DAD NIGHT: _____ CELL : _____ (MOM/DAD)

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 its agents and employees, from liability for such injury.

 Parent/Guardian's Signature

Student 1:
 Last _____ First _____
 Birth Date: _____ Age ____ Sex: M/F ____
 CLASS CHOICE (Day & Time) _____
 Circle Level: Fraction Twister Cyclone DN B&B
 Check (✓): Summer 2011 *KiDS* gym/swim student? Former? New?

Student 2:
 Last _____ First _____
 Birth Date: _____ Age ____ Sex: M/F ____
 CLASS CHOICE (Day & Time) _____
 Circle Level: Fraction Twister Cyclone DN B&B
 Check (✓): Summer 2011 *KiDS* gym/swim student? Former? New?

Start Date: _____

Class Fee(s) Due:
 Student 1 Fee \$ _____
 Student 2 Fee (Less \$5) _____
Total Class Fee _____

Annual Registration Fee (\$20/Family/Year) _____

Annual Insurance Fee: **(MANDATORY)**
 (\$150,000 Excess Medical., \$250 Deductible)
 \$6/Student/Year 6 & younger
 \$8/Student/Year 7 & older _____

TOTAL AMOUNT DUE \$ _____

Checks payable to: *KiDS body shop*
(No Credit/Debit Cards Accepted)
Mail to: 1219 North Monroe - Papillion, NE 68046

OFFICE USE ONLY:
 Date Rec'd: _____ Mail/Person/Box Code: _____ / _____ Roster WL SS