

**TO REGISTER FOR CLASS . . .** Download and complete this registration and mail or drop off with payment to guarantee enrollment. If your class choice is full, we will call you with an alternate choice. **Only registrations received by mail will receive a confirmation e-mail or post card (time permitting).** Registrations are accepted on a first-come-first-served basis and will not be accepted without payment; therefore, no phone reservations accepted.

**KiDS body shop SWIMMING REGISTRATION**

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| PARENT LAST _____ FIRST _____ E-MAIL _____   |  |
| ADDRESS _____ CITY _____ ZIP _____   |  |
| PHONE: DAY _____ MOM/DAD _____ NIGHT: _____ CELL : _____ (MOM/DAD)   |  |
| <p>Note your child(ren)'s medical/behavior problems or fears which we should be aware of _____</p> <p><b>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:</b> 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.</p> |  |
| _____ Parent/Guardian's Signature  |  |
| <p><b>Student 1:</b> Last _____ First _____ Sex M/F _____</p> <p>Birth Date: _____ Age _____ Prior KiDS Gym/Swim Student Y/N _____</p> <p>CLASS CHOICE (Day &amp; Time) _____</p> <p>Session Dates: _____</p> <p><b>Student 2:</b> Last _____ First _____ Sex M/F _____</p> <p>Birth Date: _____ Age _____ Prior KiDS Gym/Swim Student Y/N _____</p> <p>CLASS CHOICE: (Day &amp; Time) _____</p> <p>Session Dates: _____</p>   | <p style="text-align: right;">Start Date: _____</p> <p><b>SWIM FEE:</b> Student 1: \$ _____</p> <p style="padding-left: 40px;">Student 2: (Less \$5) _____</p> <p style="text-align: right;"><b>Class Fee Total</b> \$ _____</p> <p><b>Annual Registration Fee</b> (\$10/Family/Year) _____</p> <p><b>Annual Insurance Fee:</b><br/>         (\$150,000 Excess Medical., \$250 Deductible)<br/>         \$6/Student/Year 6 &amp; younger _____<br/>         \$8/Student/Year 7 &amp; older _____</p> <p style="text-align: right;"><b>TOTAL AMOUNT DUE</b> \$ _____</p> <p style="text-align: center;">Checks payable to: KiDS body shop<br/> <b>(NO CREDIT/DEBIT CARDS ACCEPTED)</b><br/> <b>Mail to:</b> 1219 North Monroe - Papillion, NE 68046</p> |

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|-------------------------|--|
| <b>OFFICE USE ONLY:</b> |  |
| Date Rec'd: _____       | Mail/Person/Box Confirmed: _____ Code: _____ / _____ Roster <input type="checkbox"/> |