

KIDS GYMNASTICS REGISTRATION - THROUGH MAY 21. You must notify our office before the monthly tuition is due if you wish to terminate your enrollment before May, 2019. 2nd and subsequent child(ren) receive a \$5 discount per student/month.

PARENT FIRST _____ LAST _____ Previous KIDS/OGA Family? Y / N
 CELL _____ MOM/DAD HOME _____ WORK _____ MOM/DAD
 ADDRESS _____ CITY _____ ZIP _____
 E-MAIL _____ Texting on cell 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 or pool activities and/or by moving around in the gym or pool, 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 Omaha Gymnastics Academy**, its agents and employees, from liability for such injury.

 Parent/Guardian 's Signature

Student 1:

First _____ Last _____
 Birth Date _____ Age _____ Gender M/F
 Class Day & Time _____
 Circle Level: FA T1 T2 CY HURR DN ADV-DN B&B
 Previous KIDS/OGA Student? Yes No
 Summer 2018 gym or swim student? Yes No

Student 2:

First _____ Last _____
 Birth Date _____ Age _____ Gender M/F
 Class Day & Time _____
 Circle Level: FA T1 T2 CY HURR DN ADV-DN B&B
 Previous KIDS/OGA Student? Yes No
 Summer 2018 gym or swim student? Yes No

Start Date: _____

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

Checks payable to KIDS
(Cash & Credit Card payments accepted at front desk)
 Mail to: 1217-19 North Monroe
 Papillion, NE 68046

OFFICE USE ONLY:

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