

**KiDS GYMNASTICS REGISTRATION - JULY THRU 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 \_\_\_\_\_  
 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 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 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/Box Code: \_\_\_\_\_ / \_\_\_\_\_ Roster  WL  SS