

OGA 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.

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 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 (KIDS) and Omaha Gymnastics Academy (OGA)**, its agents and employees, from liability for such injury.

Parent/Guardian's Signature

<p>Student 1:</p> <p>First _____ Last _____</p> <p>Birth Date _____ Age _____ Gender M/F</p> <p>Class Day & Time _____</p> <p>Name of Class(es): _____</p> <p>Previous Student with us (OGA/KIDS)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Student 2:</p> <p>First _____ Last _____</p> <p>Birth Date _____ Age _____ Gender M/F</p> <p>Class Day & Time _____</p> <p>Name of Class(es): _____</p> <p>Previous Student with us (OGA/KIDS)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Start Date: _____</p> <p>Class Fee(s) Due:</p> <p>Student 1 Fee \$ _____</p> <p>Student 2 Fee (Less \$5)</p> <p>Total Class Fee \$ _____</p> <p>Annual Registration Fee: \$30/Student/Year:</p> <p>Student 1: \$ _____</p> <p>Student 2: \$ _____</p> <p>TOTAL AMOUNT DUE \$ _____</p> <p>Checks payable to KIDS (Now Accepting Credit/Debit Cards) Mail to: 1217-19 North Monroe Papillion, NE 68046</p>
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OFFICE USE ONLY:

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