

OGA/KBS GYMNASTICS REGISTRATION: 2020

Previous OGA/KBS family?

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 **Omaha Gymnastics Academy and KiDS body shop**, 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 _____

Name of Class(es)/Level: _____

Previous Student with us (OGA/KiDS)? Yes No

Student 2:

First _____ Last _____

Birth Date _____ Age ____ Gender M/F _____

Class Day & Time _____

Name of Class(es)/Level: _____

Previous Student with us (OGA/KiDS)? 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
(We Accept Credit/Debit Cards)**

**Mail to: 1217-19 North Monroe
Papillion, NE 68046**

OFFICE USE ONLY: Comp Pymt Roster WL Ski Sht Name Tag New Fam. OP/OG Coupon

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