

# 2019 KBS SUMMER GYMNASTICS REGISTRATION

PARENT FIRST \_\_\_\_\_ LAST \_\_\_\_\_

CELL \_\_\_\_\_ MOM/DAD HOME \_\_\_\_\_ WORK/CELL \_\_\_\_\_ 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 (KiDS) and Omaha Gymnastics Academy (OGA)**, 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

Please Circle: **June 3-28** **July 1-July 26**

Previous KiDS Student? Yes  No  Current 2019 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

Please Circle: **June 3-28** **July 1-July 26**

Previous KiDS Student?  Yes  No  Current 2019 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/Phone Code: \_\_\_\_\_ / \_\_\_\_\_ Roster  WL  Comp.