

**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, 2018.**

PARENT FIRST \_\_\_\_\_ LAST \_\_\_\_\_  
 CELL \_\_\_\_\_ MOM/DAD HOME \_\_\_\_\_ WORK \_\_\_\_\_ (MOM/DAD)  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 E-MAIL \_\_\_\_\_ Texting 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 and Omega**, 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 **Omega:** Beg. Int. Adv. Tblg. Team  
 Previous Student at KiDS or Omega?  Yes  No

**Student 2:**  
 First \_\_\_\_\_ Last \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Age \_\_\_\_ Gender M/F \_\_\_\_\_  
 Class Day & Time \_\_\_\_\_  
 Circle Level **Omega:** Beg. Int. Adv. Tblg. Team  
 Previous Student at KiDS or Omega?  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  
 (Credit/Debit Cards Not Yet Accepted)  
 Mail to: 1217-19 North Monroe  
 Papillion, NE 68046**

**OFFICE USE ONLY:**  
 Date Rec'd: \_\_\_\_\_ Init: \_\_\_\_\_ Mail/Person/Box Code: \_\_\_\_\_ / \_\_\_\_\_ Roster  WL