

OMEGA GYMNASTICS REGISTRATION

Parent First _____ Last _____

Address _____ City _____ Zip _____

Cell _____ Mom/Dad Home _____ Work _____ Mom/Dad _____

E-Mail _____ Texting? **Y / N** _____

Please note your child(ren)'s medical/behavioral 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 acknowledgment that he/she understands the following agreement:

I acknowledge that by participating in the gym and/or pool activities and/or by moving around in the gym and/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 Omega and KiDS body shop, and its agents and employees, from liability for such injury.

Parent/Guardian Signature

Student 1:

First _____ Last _____

M/F ___ Birth Date ___ Age ___ Tumbling Gymnastics Uneven Bars
Class Day/Time/Level _____

Check May 2017 **Omega/KiDS** student? Former student? New student?

I am registering for: **Session 1** **Session 2**
May 30 - June 22 * **June 26 - July 22 ****

*** Please refer to our schedule for date and times of holiday make-up classes.**

Student 2:

First _____ Last _____

M/F ___ Birth Date ___ Age ___ Tumbling Gymnastics Uneven Bars
Class Day/Time/Level _____

Check May 2017 **Omega/KiDS** student? Former student? New student?

I am registering for: **Session 1** **Session 2**
May 30 - June 22 * **June 26 - July 20 ****

*** Please refer to our schedule page for date and times of holiday make-up classes.**

Registration Fee:

\$30/student/year. This fee is payable in the month you originally begin our program.

Start Date: _____

Class Fee Due:

1st child fee \$ _____

2nd child fee

(Less \$5) \$ _____

Total Class Fee \$ _____

Registration Fee(s) \$ _____

TOTAL PAYMENT \$ _____

**CHECKS PAYABLE TO: KIDS
(CREDIT/DEBIT CARDS
NOT YET ACCEPTED)**

Mail to:
1217-1219 North Monroe
Papillion, NE 68046
402.339.2924

OFFICE USE ONLY:

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