

**OFFICE USE ONLY**

STUDENT LAST NAME:	Reg. Date: _____ Staff Initials: _____	<input type="checkbox"/> Refer Applied <input type="checkbox"/> Welcome Sent
TRIAL CLASS:	<input type="checkbox"/> LIABILITY WAIVER <input type="checkbox"/> TRANSPORTATION RELEASE	Trial Date: _____

**OMEGA Gymnastics****REGISTRATION FORM****Primary Guardian(s) Residence Information**

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home Phone

**Additional Guardian Information (if different from Primary):**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email

E-mail - OMEGA will contact you via email with announcements and information regarding your account.

**Emergency Contact (other than Parent/Guardian):**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Relation *\*Parent/Guardian are first called in the event of an emergency.*

**Insurance and Physician Information:**

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy #

\_\_\_\_\_  
Group#

\_\_\_\_\_  
Physician's Name & Phone #

\_\_\_\_\_  
Preferred Hospital

**Student Information:**

Names	Birth Date	Gender
#1 _____	_____	_____
#2 _____	_____	_____
#3 _____	_____	_____
#4 _____	_____	_____

**Please use the space below to list any of the following:** Current medication, Medicine Allergies, Food Allergies, or any other vital information you think we should know about in the event of an emergency.

**School (s) attending:**

**HOW DID YOU HEAR ABOUT US?**

Internet       Birthday : \_\_\_\_\_

Coupon       Other: \_\_\_\_\_

 Referral: \_\_\_\_\_This Family or Friend of OMEGA will receive a \$10 Thank You credit on their account after we receive your Registration and 1<sup>st</sup> Month of Tuition.**By signing below, I confirm I have read and acknowledge the O.M.E.G.A. policies and procedures including but not limited to:**

- Class Enrollment (including 48 Week Calendar)
- Dress Code
- OMEGALYMPICS Opt Out Policy
- Class Make-up Policy
- Collection Policy
- Parking Policy
- Class Drop Policy
- Payment Schedule

Furthermore, I represent and warrant that I as Parent/Guardian carry adequate medical insurance on and for the student(s)

\_\_\_\_\_  
Parent/Guardian Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Printed Name