

OFFICE USE ONLY		
STUDENT LAST NAME:	Reg. Date: _____ Staff Initials: _____	<input type="checkbox"/> Refer Applied <input type="checkbox"/> W.Pack Sent
TRIAL CLASS:	<input type="checkbox"/> WAIVER ON FILE	Trial Date: _____

OMEGA Gymnastics



REGISTRATION FORM

Primary Guardian(s) Residence Information

Name(s)

Street Address

City, State, Zip

Cell Phone

Home Phone

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

Additional Guardian Information (if different from Primary):

Name

Address

City, State, Zip

Cell Phone

Email

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.

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 1st 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 and Drop Policies
- Dress Code
- OMEGALYMPICS Opt Out Policy
- Class Make-up Policy
- Collection Policy
- Parking Policy

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