

OFFICE USE ONLY

STUDENT LAST NAME:	Reg. Date: _____ Staff Initials: _____
1 st CLASS/ACTIVITY:	Additional Documents Attached: <input type="checkbox"/> LIABILITY WAIVER <input type="checkbox"/> TRANSPORTATION RELEASE
SD Update: <input type="checkbox"/> BDay Updated <input type="checkbox"/> Waiver Field Flipped <input type="checkbox"/> Performing <input type="checkbox"/> Transport Field Flipped <input type="checkbox"/> Refer Applied <input type="checkbox"/> Welcome Sent <input type="checkbox"/> Email Validated	

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.

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