

**OFFICE USE ONLY**

STUDENT LAST NAME:	Reg. Date: _____ Staff Initials: _____
1 <sup>st</sup> 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 &amp; 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