

OFFICE USE ONLY

STUDENT LAST NAME:	Additional Document Attached: <input type="checkbox"/> STUDENT WAIVER <input type="checkbox"/> ADULT WAIVER
1 st CLASS/ACTIVITY:	Account QC: <input type="checkbox"/> BDay Updated <input type="checkbox"/> Waiver Field Flipped <input type="checkbox"/> Email Validated <input type="checkbox"/> Refer Applied <input type="checkbox"/> Performing <input type="checkbox"/> Welcome Sent
DATE:	STAFF:

OMEGA Gymnastics



REGISTRATION FORM

Primary Guardian(s) Information

Name(s) _____

Street Address _____ City, State, Zip _____

Cell Phone _____

Email – Main / Login ID _____
OMEGA will contact you via email with announcements and information regarding your account

Additional Guardian Information

Name _____

Address (If different than Primary) _____ City, State, Zip _____

Cell Phone _____

Email _____

Emergency Contact (other than Parent/Guardian):

Name _____

Cell Phone _____

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

Insurance and Physician Information:

Insurance Company _____ Policy # _____ Group# _____

Physician's Name and Phone Number _____

Preferred Hospital _____

Participant Information:

Ful Name	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:

*Each participant needs individual liability forms filled out

HOW DID YOU HEAR ABOUT US?

Internet Birthday : _____

Coupon Other: _____

Referral: _____

This Family or Friend of OMEGA will receive a \$25 Thank You credit on their account after we receive your Registration and 1st Month of Tuition. This does not apply to drop-in classes.

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 _____

Oregon Metropolitan Elite Gymnastics Academy

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