

Flips Gymnastics II  
975 West Jericho Tpke.  
Smithtown NY 11787  
631 863 3547  
Fax 631 863 3546

Day _____
Time _____
Instructor _____
Class _____

## Private/Tumbling Enrollment Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

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

Age \_\_\_\_\_ Name on check if different from student \_\_\_\_\_

**I understand that this is a PAY AS YOU GO class and payment is due before each class starts.**  
**I understand that participation in Cheer/Tumbling and related activities involves the risk of injury and I enroll the above named person at his/her/my own risk.**  
**I hereby state that the above named enrollee has no physical or mental condition that prohibits full, rigorous participation in gymnastics. I also understand that it is my responsibility to inform Flips Gymnastics II of any mental or physical condition that the Flips Staff should be aware of in dealing with the enrollee during normal activities and/or in case of medical emergencies. I understand that Pre-Registration is required with the enrollment of this form. I understand that no jewelry will be worn in class, and that Flips Gymnastics II is not responsible for any personal belongings left or lost in Flips Gymnastics II.**  
**Permission is granted for Flips to use my child's photo for advertising purposes.**  
**I understand and accept all enrollment conditions above.**

Date \_\_\_\_\_

Signature (Parent or Guardian if under 18) \_\_\_\_\_