

Flips Gymnastics Registration Form

Child's Full Name: _____

Parent/Legal Guardian's Name: _____

Address: _____

City/State: _____ **Zip:** _____ **Child's School?** _____

Cell #: _____ **Work #:** _____

Home #: _____ **Email:** _____

Emergency Contact Information: (other than yourself)

Name: _____ **Relationship:** _____ **Cell #:** _____ **Other:** _____

Please list any challenges or health problems (including Allergies, Asthma, Vision, Diabetes, Epilepsy, etc.) that would affect the student's participation in gymnastics. If you student requires an EpiPen, a parent or legal guardian must remain at Flips Gymnastics with the student.

Student's Name	Age	M/F	Date of Birth	Class Day & Time: 1 st Choice/ 2 nd Choice
1.		M/F		
2.		M/F		
3.		M/F		
4.		M/F		

PARTICIPANT RELEASE, WAIVER, AND INDEMNIFICATION

I have been advised and I understand that: (a) there is a risk of injury associated with participation in the instructional programs/activities at Flips Gymnastics; (b) the participation in such programs/activities and/or use of the equipment used in such programs/activities may result in injury including, without limitation, strains, abrasions, cuts, fractures, or death; (c) these risks and dangers may be caused by the negligence of the owners, the participants, the negligence of others, accidents, breaches of contract, the force of nature and/or other foreseeable or unforeseeable causes; and (d) by my child's voluntary participation in these programs/activities and/or use of equipment, I, as guardian, hereby expressly assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers or employees of Flips Gymnastics, or by any other persons. I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE FLIPS GYMNASTICS FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE AND/OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE WHICH MAY ARISE OUT OF MY CHILD'S PARTICIPATION IN THE PROGRAMS/ACTIVITIES AT FLIPS GYMNASTICS. A \$40/registration fee is paid annually at the time of registration. This fee is non-refundable and cannot be applied to classes. All makeups must be done within a month from the date missed or they are lost. **THERE IS ABSOLUTELY NO REFUND, REDUCTION IN TUITION, NOR A CREDIT TOWARDS ANOTHER MONTH OR SESSION FOR MISSED CLASSES. Withdrawal from any Flips Gymnastics Program must be made in writing 30 days before the child stops attending.**

 Parent or Legal Guardian Signature Date

MEDICAL RELEASE:

Each Parent or Legal Guardian is required to sign a medical release stating that their child is in good physical condition and has been examined by a physician within the last year and is in relatively good health and able to participate in a full gymnastics program.

 Parent or Legal Guardian Signature Date

CREDIT CARD AUTHORIZATION:

I hereby authorize FLIPS GYMNASTICS to charge my Credit Card. Visa MasterCard Discover American Express

Credit Card #: _____

Name & Billing Address on Card:(House /Street/City/State/Zip)

Expiration Date: _____ **Security Code:** _____

Authorized Signature **Date**

**Please return completed form to either email, fax, or address: info@flipsgymnastics.com;
 Phone: (631) 863-3547; Fax: (631) 863-3546 975 West Jericho Turnpike, Smithtown, NY 11787**