

FlipsUSA

GYMNASTICS

Liability Waiver

Student Information:

Child's Name #1 _____ D.O.B. _____ Age ___ Boy Girl

Child's Name #2 _____ D.O.B. _____ Age ___ Boy Girl

Child's Name #3 _____ D.O.B. _____ Age ___ Boy Girl

Allergies: Child/What _____ Medication _____

Emergency Contact: Name/Phone _____

Parent/Guardian Information:

Parent/Guardian #1 _____ Occupation _____

Address _____ City/State _____ Zip _____

Email _____ How did you hear about us? _____

Home # _____ Cell # _____ Work # _____

Parent/Guardian #2 _____ Occupation _____

Home # _____ Cell # _____ Work # _____

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The named student(s) have my permission to attend the Flips USA Gymnastics program. I do hereby authorize and consent to any X-Ray examination, anesthetic, medical or surgical diagnosis rendered under the general or surgical supervision of any member of the medical staff or emergency room staff who are dully licensed. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being requested but is given to provide authority and power to render care which the physician, in the exercise of his best judgment, may deem advisable. It is understood that every effort shall be made to contact the undersigned prior rendering treatment to the patient, but, that any of the above treatment will not be withheld if the undersigned cannot be reached.

Assumption of Risk: Participation in gymnastics, dance, and aerobic activities involves motion, rotation, and height in a unique environment and such carries with it a reasonable risk assumption.

Warning: Catastrophic injury, paralysis, or even death can result from improper conduct of these activities.

Attention: Once my registration is paid, I, the undersigned, agree to make full monthly payments in advance until I have notified Flips USA, in writing, and at least two (2) weeks prior to the start of the following month of my intention to discontinue class. I understand fees will continue until such notification is received.

Parent/Guardian Signature _____ **Date** _____

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Initial Upon Enrollment

_____ Tuition is due by the 1st of each month. After the 10th, a \$10 late fee will be assessed. We accept cash/check/credit card. Payments can be made online.

_____ No refunds. Accounts will not be credited after the start of each month.

Trial Class/Date _____ Monthly Fee _____ Reg. Fee _____

Start Date _____ (pro-rate _____ x _____)